

STANDARD OPERATING PROCEDURES FOR THE ALTERNATIVE FAMILY BASED AND COMMUNITY - BASED CARE OF CHILDREN IN KENYA







MacArthur Foundation





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Executive Summary

he Standard Operating Procedures (SOPs) for the Alternative Family-based and Community-based Care of Children in Kenya provide guidance for the comprehensive implementation of the Guidelines for Alternative Family Care for Children in Kenya (2014). The SOPs guide actors to provide high-quality and standardized alternative care services to children separated from their parents (including emergency placements). The SOPs provide step-by-step practical guidance on:

- 1. Implementing safe and appropriate alternative family and community-based care services, especially when placing children into alternative families or community-based care options.
- 2. Safely and appropriately transitioning children between care options, especially from temporary to permanent care arrangements.
- 3. The roles and responsibilities of key actors involved in all stages of establishing, implementing, accessing, and utilizing alternative family- and community-based care.

When implemented, the SOPs will help to harmonize the approach of implementing actors, strengthen the alternative care system to prevent the unnecessary separation of children from their families, and ensure that where separation is necessary, children are placed with suitable families through a robust case management approach. Overall, the SOPs will help fulfil the needs of children without parental care in the short and long-term.

The SOPs were developed as part of a pilot program launched in 2017 by the Department of Children Service (DCS) to implement the Guidelines for the Alternative Family Care of Children in Kenya, in Kisumu County. From 2018, a range of partners supported the DCS in scaling up the pilot program to Nyamira, Kilifi and Murang'a. Through this partnership, a working group of national practitioners was founded with members from the National Council of Children's Services, the National Council for Administrative Justice for Children (NCAJ), the Kadhis' Court, the Ministry of Education, the Department of Probation, the Street Families Trust Fund, the National Council for Persons With Disabilities, the Department of Social Development, the National Government Administrative Office, the National Police Service, the Ministry of Health, UNICEF, Changing the Way We Care (CTWWC), SOS Villages (K), the Kenya Society for Care Leavers (KESCA), Fondazione L'Albero Della Vita (FADV), the Stahili Foundation, Macheo Children's Organization, Child in Family Focus (CFF), Hope and Homes for Children (K), the Church-Alternative Child Care Alliance (ACCA), and the Collective Community Action (CCA).

At the time of writing, the information in these SOPs reflects and aligns with information from the various child protection legal and policy framework documents, including the draft Children's Bill (2020). With the expected enactment of the Children's Bill (2020), it is recognized that the SOPs may need to be reviewed to align with the final version of the Act.

Contents





Executive Summary	1	5. SUPPORTED CHILD-HEADED HOUSEHOLD	59
Glossary	4	Introduction to Supported Child-headed	
Acronyms	6	Household	59
Abbreviations	7	Supported Child-headed Household SOP	61
Introduction	8		
Background	8	6. SUPPORTED INDEPENDENT LIVING	71
Objectives	8	Introduction to Supported Independent	
Intended audience	8	Living (SIL)	71
How to use the Alternative Family Care		Supported Independent Living SOP	73
Standard Operating Procedures	9		
International, regional, and national policy		7. ADOPTION	81
frameworks and guidelines	9	Introduction to Adoption	81
Guiding Principles	10	Adoption SOP	85
		What is expected of the PAP	
1. KINSHIP	13	during assessment?	88
Introduction to Kinship.	13	What is expected of the social worker	
Kinship Care SOP	15	from the Adoption Society during	
		assessment	88
2. KAFAALAH	21		
Introduction to Kafaalah SOP	21	ANNEX I – Kinship Care Placement Form ANNEX	98
	23	II: Kafaalah Placement Form	99
3. GUARDIANSHIP Introduction	22	ANNEX IV – Alternative Care Asset Inventory	101
to Guardianship	32	ANNEX V: Foster Care Placement Form	
Guardianship SOP	32 34	(RULES FORM OF UNDERTAKING)	102
4. FOSTER CARE	34	ANNEX VI: Supported Independent Living /	
4. TOSTER CARE	44	Supported Child Headed Household Placement	
Introduction to Foster Care	44	Form	103
Foster Care SOPs	46	ANNEX VII – Community volunteer/mentor	
Foster care-giver identification and recruitment		checklist for SCHH and SIL	104
aims to identify people who might be interested		ANNEX VIII – Guardianship Register	105
in becoming foster parents. This provides them w	ith		103
basic information about foster care, and to refer		ANNEX IX – Register for use in kinship, foster care,	
them to the next steps of the process toward		Kafaalah, supported independent living, and	
becoming a registered foster care-giver.	48	supported child-headed households	107

Glossary

Iternative care is a formal or informal arrangement whereby a child is looked after at least overnight outside their parental home, either by decision of a judicial or administrative authority or duly accredited body, or at the initiative of the child, his or her parent(s) or primary caregivers, or spontaneously by a care provider in the absence of parents.¹

Alternative Care Committee (ACC) at the subcounty level is a subcommittee of the Area Advisory Committee (AAC) and therefore reports to the AAC. Its overall objective is to coordinate and strengthen family and alternative care services within the sub-county.

Authorizing Officer is any officer authorized by the Director of Children's Services.

Biological parents refer to the birth family into which a child is born. It can mean both parents if they are together, or the mother, or the father.

Caregiver/carer is a parent or guardian who is responsible for a child's welfare.²

Care leaver is anyone who spent time in care as a child. Such care could be in foster care, institutional care (mainly children's homes), or other arrangements outside the immediate or extended family.3

Case management is the process of ensuring that an identified child has his or her needs for care, protection and support met. This is usually the responsibility of an allocated social worker who meets with the child, the family, any other caregivers, and professionals involved with the child in order to assess, plan, deliver or refer the child and/or family for services, and monitor and review progress.

Caseworker is the primary worker responsible for a case. This person maintains responsibility for the individual case management process from identification to case closure.

Children without parental care are children who, for whatever reason and under whatever circumstances, are not in the overnight care of at least one of their parents.4 This excludes children in boarding schools and hospitals.

Community-based care is a range of approaches designed to enable children to remain with their own (or extended) family and prevent the need for separation, or to be placed with an alternative family within his or her community⁵. This includes the care of a child during the day by a person other than the child's parents or legal guardian.

Continuum of Care includes a range of care options for children who have been separated or are at risk of being separated from parental care reflecting the contents of the UNCRC and the Guidelines for the Alternative Care of Children. It includes family strengthening, alternative family, and community-based care options, and residential care options.6

Family-based care is the short-term or longterm placement of a child in a nurturing family environment with at least one consistent caregiver as part of a supportive family and community. Family-based care can be both kin (i.e., kinship care) and non-kin (i.e., foster care).

National Council for Children's Services (2015). National Plan of Action for Children in Kenya 2015-2022. Retrieved from < http://www.childrenscouncil.

National Counter for Children's Gevines (2013). National Hall of Action for Children's Action-10 Children in New 2015-2022. Healthcan from Children's Chil

Family preservation refers to a range of support strategies meant to prevent the family from breaking up and to protect children from abandonment, neglect, or separation from the family.

Family strengthening is the process of enabling a family to support itself, including supporting all children, caregivers and other members with the aim of increasing the care-givers' ability and confidence to provide and care for their family. It may include a range of measures such as counselling, mediation, material support, and training in skills like parenting, psycho-social, and economics.7

Gatekeeping is defined as the policies, systematic procedures, services, and decisionmaking which ensure that alternative care for children is used only when absolutely necessary and that children receive the most suitable support or care to meet their unique individual needs and to uphold their best interests.8

Mentors are trusted adult community members who commit to work in support of vulnerable children. They have basic trainings on children's rights and laws protecting children, life skills, adolescent health, income-generating activities, active listening, and how to provide psychosocial support offered by organizations9.

Permanency refers to family connections and placement options for a child that provide a lifetime of commitment, continuity of care, a sense of belonging and a legal and social status that goes beyond the child's temporary placement.

Placement is a social work term for the arranged out-of-home accommodation provided to a child or young person on a short- or long-term basis.

Reintegration is the process of a separated child making what is anticipated to be a permanent transition back to his or her immediate or extended family and the community (usually the community of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life. 10

Reunification is the physical reuniting of a child and his or her family or previous caregiver with the objective of this placement becoming permanent.

Supported child-headed household is a household where one of the children takes parental role either in as a result of absence of an adult caregiver or the adult caregiver is incapacitated and incapable of playing their parental role. Such household is being supported, mentored and monitored by the DCS, a caseworker, or community-based actors/ mentors.

Transfer may refer to transfer of a case from one caseworker to another for reasons that include a conflict of interest, the child or family moving to an area that is outside of the agency's geographic coverage, or where the family requests a new caseworker. It may also refer to the transfer of a child from one alternative care placement to another such as where a child is transferred from a temporary form of care, like foster care, to a permanent form of care.

Young person is a person between the ages of 18-23 years.

- Tolfree, D. (2003). Community Based Care for Separated Children. Retrieved from < https://resourcecentre.savethechildren.net/sites/default /files/ documents/2704.pdf>
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- Dumba-Nyanzi, I., and Li, M. (2018). Assessing Alternative Care for Children in Uganda, retrieved from https://bettercarenetwork.org/sites/default/
- Better Care Network and Global Social Service Workforce Alliance (2015). The Role of Social Service Workforce Strengthening in Care Reform Retrieved from < http://www.socialserviceworkforce.org/system/files/resource/files/The %20Role %20of %20Social %20Social %20Workforce %20Workforce
- Strengthening%20in%20Care%20Reforms_0.pdf>
 Interagency Group on Children's Reintegration (2016). Guidelines on Children's Reintegration

Acronyms

AAC	Area Advisory Council
ACC	Alternative Care Committee
AFC	Alternative family-based care
AFCBC SOPs	Alternative family- and community-based care standard operating procedures
BIC	Best Interest of the Child
BID	Best Interest Determination
СВО	Community-based organizations
CCI	Charitable Children's Institution
СНН	Child-Headed Household
CHV	Community Health Volunteer
CM	Case Management
CPV	Child Protection Volunteer
CPIMS	Child Protection Information Management System
CPV	Child Protection Volunteer
CTWWC	Changing the Way We Care [™]
DCS	Department of Children's Services
FGD	Family Group Discussion
GOK	Government of Kenya
KESCA	Kenyan Society of Care Leavers
NCCS	National Council for Children's Services
NCPWD	National Council for Persons with Disabilities
NGO	Non-governmental Organization
PWD	People with Disabilities
scco	Sub-county Children's Officer
SCHH	Supported Child-headed Household
SCI	Statutory Children's Institution
SOP	Standard Operating Procedure

Abbreviations

The Case Management for Reintegration of Children to Family- and Community-based Care Caseworkers' Guidebook is referred to as the **CM Guidebook (2019)**.

The Case Management for Reintegration of Children to Family- and Community-based Care Caseworkers' Toolkit is referred to as the **CM Toolkit (2019)**.



Introduction

Background

The United Nations Convention on the Rights of the Child (UNCRC), the African Charter on the Rights and Welfare of the Child, the Guidelines for the Alternative Care of Children Kenya's national legal frameworks, recognize the vital and irreplaceable role of a family environment for the growth and development, well-being, and protection of children. In particular, the Government of Kenya has hinged the right of every child to parental care within the Constitution and the Guidelines for the Alternative Family Care of Children in Kenya. These instruments clearly state that all efforts should be made to preserve families, prevent child-parent separation, and return separated children to their families and communities.

To further operationalize these legal instruments, the Government of Kenya identified Kisumu County in 2017 to pilot care reform strategies and activities which was scaled up to Nyamira, Kilifi and Murang'a counties in 2018.

To effectively roll out care reform initiatives, resources have been directed to prepare and strengthen the social service workforce within these pilot counties, particularly through the Case Management for Reintegration of Children to Family and Communitybased Care Package (includes a guidebook, SOPs, tools, job aids, and a training curriculum), Alternative Family Care training package and Gatekeeping Guidelines. While both government and non-government agencies have made strides in developing and piloting alternative family care services across the country, the need to guide and standardize these services was recognized. Additionally, it was recognized that the implementation of the case management package and Gatekeeping Guidelines is closely interlinked with the operationalization of high-quality alternative family care options. As such, the Alternative Family Care (AFC) Standard Operating Procedures (SOPs) were developed.

Objectives

Alternative The Family and Community-based Care (AFCBC) Operating Standard **Procedures** (SOPs) have been developed to support the operationalization of the Guidelines for the Alternative Family Care of Children in Kenya (2014) by providing step-by-step practical guidance on:

- Implementing alternative familybased and community-based care services and safely and appropriately placing children into alternative families or community-based care options.
- Safely and appropriately transitioning children between care options, especially from temporary to permanent care arrangements.
- The roles and responsibilities of key actors involved in all stages of establishing, implementing, accessing, and utilizing alternative family- and community-based care.





Intended audience

The AFCBC SOPs have been developed to primarily guide government and non-government caseworkers, case managers who support children in need of AFBC, and prospective alternative families and/or mentors, so as to ensure that AFBC services are implemented and accessed in a systematic, safe and standardized manner. Specific users may include:

- Children's officers (DCS and NCCS)
- Alternative Care Committees
- Area Advisory Committees
- Child Protection Volunteers
- Police officers
- Chiefs and Imams
- Magistrates
- Health actors such as nurses and community-based health workers; and,
- Child welfare and protection actors.

How to use the Alternative Family Care Standard Operating Procedures

This document should only be used when alternative care is deemed necessary. Any placement into alternative family-based and community-based care relies upon rigorous case

management. As such, case management, which is the process of ensuring that an identified child has his or her needs for care, protection and support met, must begin before alternative care is considered. Child identification, child assessment, biological family tracing and assessment, and family strengthening support through case planning (including referrals) must have been completed to determine that alternative care is necessary and to guide which form of alternative care may be suitable to meet the child's unique needs.

Once alternative care has been deemed necessary through the case management processes, the continuum of care, as described in the Guidelines for the Alternative Family Care of Children in Kenya, 2014, should be followed. The continuum requires that all family and community-based care options are prioritized, and that all efforts are made to place children in need of alternative care into family-based or community-based options. Residential care options should only be considered when all family and community-based options have been exhausted.

Caseworkers and case managers must present their recommendation alternative care to an appropriate statutory authority (i.e., the Alternative Care Committee or Sub-County Children's **Officer) for approval.** These two statutory authorities who make decisions about children's care should use the AF and CBC SOPs together with the Gatekeeping Guidelines (2021).

A case file should "follow" the child throughout any movement between alternative care placements; new case files should <u>not</u> be opened for each placement, but rather the case management process will 'start over' within the same case file for each new placement. For example, assessments should be updated, new case plan goals should be included, and monitoring schedules should be reset.

International, regional, and national policy frameworks and guidelines

In addition to complementing the Case Management for Reintegration of Children to Family and Community-based Care package (2019) and Gatekeeping Guidelines (2021), the AFCBC SOPs are guided by, and aligned with, the following legal frameworks, policies, and guidelines:

- UN Convention on the Rights and Welfare of the Child.
- UN Guidelines on Alternative Family Care.
- African Charter on the Rights and Welfare of Child
- Constitution of Kenya (2010).
- Children's Act (2001).
- Adoption Regulations (2005).
- Guidelines for the Alternative Family Care of Children in Kenya (2014).
- Kenya Youth Development Policy (2019).
- National Prevention and Response Plan on Violence Against Children in Kenya (2019-2023).

Necessity:

Insuring that children are not unnecessarily separated from their families and discouraging unwarranted recourse to alternative care. Importantly, poverty should NEVER be the driving factor for removing a child from their family and placing them in alternative care.

Suitability:

A range of care services should be available to meet the unique needs of each child and all care options should meet minimum standards. The care option for each child should be selected on a case-by-case basis and provision should promote long-term solutions.



Reduce the perceived need for formal alternative care

Discourage recourse to alternative care

The Necessity Principle



Is the care appropriate for the child?

Ensure formal alternative care settings meet minimum standards

Ensure that the care settings meets the needs of the child

The Suitability Principle

Guiding Principles

The two primary principles which must be considered throughout cases of alternative care are **necessity** and **suitability**; As the child grows and develops and the situation evolves, both principles should be continuously examined.

Additional guiding principles include¹¹:

Importance of family-based care



The UN Convention on the Rights of the Child's preamble calls for all children to be raised in families and explicitly obligates governments to provide necessary social support services to enable parents and legal guardians to fully perform their childrearing responsibilities. Additionally, the African Charter on the Rights and Welfare of the Child, specifically calls for the prevention of child–family separation and the reintegration of children into family care whenever possible. The primacy of family-based care should be upheld throughout all decisions related to child's care, ensuring that biological family is prioritized, followed by alternative families, before community-based care options are considered. Residential care should only be used as a last resort.

Best interest of the child



UN Convention of the Rights of the Child, Article 3: 'In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration' 19. The best interest of the child should be continually assessed because it is a dynamic concept comprised of various elements which are continuously evolving.

Child-centered approach



Adoption of a **child-centered approach** will ensure that the best interest of the child is met. This approach requires the child to remain at the forefront of all deliberations and that their wellbeing and welfare of the child is held as a paramount consideration in decision-making.

Permanency



Though temporary forms of alternative family are necessary and suitable in many situations, permanency must always be the ultimate goal for all children in care. Permanency should be considered even before placement and must be built into all case planning as soon as a child is placed into care.

Child participation



Children's participation in care decision-making increases the likelihood that decisions will be based on a holistic and accurate analysis of the child's and family's conditions and that any placements will be in the child's best interest²⁰. While considering their evolving capacities and maturity, children must be supported to sufficiently understand matters that affect them according to their evolving capacity and maturity, to be able to form their point of view. This includes ensuring that:

- The child is provided with various options to select from;
- the child is made aware of all possible care options available;
- the child is explained, in a child-friendly manner, all conditions under which they will be asked to express their views and the possible impacts of decisions made²¹; and
- where children are not able to verbally express their views, all efforts must be made to facilitate their expression in a form that is most comfortable to them. There must be full recognition of non-verbal forms of communication (e.g., play, body language, facial expressions, drawing, etc.)²².



Introduction to Kinship

Kinship care involves a child being looked after on a temporary or long-term basis by relatives (e.g., grandparents, aunts, uncles, older cousins, older siblings, stepparents, etc.¹²). Kinship care should always be the first option considered for children separated from parental care (i.e., kinship care should be prioritized over all other forms of alternative care).

Kinship care arrangements may be formal or informal. Where a child is already living in an informal kinship care arrangement that is deemed to be stable and the child and family are thriving, the caseworker need not intervene. However, if the child or kinship family needs external support, registration of the care arrangement with the Area Chief and the Sub County Children's Officer (SCCO) may be required to provide appropriate services or to link the family with required support services. The caseworker will continue to sensitize and encourage all community members on the importance of registering informal kinship care whether external support is needed.



- The Guidelines for the Alternative Family Care of Children in Kenya (2014) provides a full list of key principles that should be followed in the provision of alternative care:
- these can be found on page 19 of the Guidelines.

 United Nations, Convention on the Rights of the Child, 1989, retrieved from https://www.ohchr.org/en/professionalinterest/pages/crc.aspx.

 African Union, The African Charter on the Rights and Welfare of the Child, 1990, retrieved from https://www.ohchr.org/en/professionalinterest/pages/crc.aspx.

 United Nations, Convention on the Rights of the Child, 1989, retrieved from ">https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>">https://www.unicef.org/protection/files/UNICEF

 Only 1970 (2015). Making Decisions for the Better Care of Children. Retrieved from https://www.unicef.org/protection/files/UNICEF
- Gatekeeping_V11_WEB_(003).pdf>.

 UN Committee on the Rights of the Child (CRC), General comment No. 12 (2009) The right of the child to be heard, 20 July 2009, CRCCGC12, retrieved from
- https://www.refworld.orgdocid4ae562c52.html

Formal Kinship Care	An arrangement, approved by a statutory authority, whereby a child is looked after on a temporary or long-term basis by extended family. SCCO approval is required where a child is transitioning from any other form of alternative care into kinship care.
Informal Kinship Care	A private arrangement made within a family whereby a child is looked after on a temporary or long-term basis by their extended family without the involvement or approval of a statutory authority.
	Registration of an ongoing informal kinship arrangement with the Department of Children's Services is not required but encouraged and the decision ultimately rests with the family. Registration can be beneficial because it may link the child and family with support services they may need. ⁷
	Registration of pre-existing informal kinship care arrangements can be conducted with the Area Chief; case work is encouraged but may be less rigorous than that outlined in these SOPs.
Children who qualify	A child or young person is eligible for kinship care where they are unable to live with their biological parents for <u>any reason</u> (e.g., risk of separation, their becoming orphaned, presence of violence or neglect in the household, incarceration of parents, displacement, living in other form of alternative care and reunification to parents not possible, etc.). Children or young persons could be placed in kinship care after exiting residential care, or from other forms of alternative family or community-based care (e.g., CHH), or from
	their biological parents.
Duration of placement	Both formal and informal kinship care can be temporary or long-term; the duration of placement will vary based on the needs of the child and family. There is no minimum or maximum duration.
Documentation	Specific documents include the child's birth certificate, parents' identity card/death certificate/burial permit of parents for orphans, inventory record and chief's recommendation. Other case management forms and supporting documentation required for formal kinship arrangements are found in the CM Guidebook and Toolkit (2019).
	The form which is used by statutory authorities to approve and register a kinship placement is Annex I.

Guidelines for the Alternative Family Care of Children in Kenya (2014).
 Guidelines for the Alternative Family Care of Children in Kenya (2014).

Kinship Care SOP

The following is the procedure for formal kinship care placements. Caseworkers will utilize this SOP together with the CM Guidebook (2019).

Child identification, child assessment and family tracing should take place as guided by SOP 1, 2, and 3 of the CM Guidebook (2019). Only when these steps are complete, can it be determined that a child needs alternative care.

	Purpose	The purpose of family assessment is to gather in-depth information on the prospective kinship family's capacity and willingness to provide care for the child as per child's identified needs. Some of the information includes structure and dynamics, circumstances, strengths and needs, health, education, income, child protection issues etc.) and views around caring for the child.
	Guiding notes	Family Assessment should include the wider family and community (i.e., anyone who is of influence or importance to the family as well as those who know the family). The full engagement and participation of the family is required; willingness of all household members is critical to the sustainability of kinship arrangements.
ınt.	Outcome	The kinship family's ability and willingness to care for and protect the child is determined. As there is no perfect family, the assessment will also highlight issues that must be addressed before placement and the availability of services that can assist in addressing identified needs and building on family strengths.
Family Assessment	Actions	 Assessment should be conducted according to SOP 4 of the CM Guidebook and Toolkit (2019). Where biological parents are known, the caseworker should conduct a full assessment of the biological parents to explore possibilities for subsequent reunification. Based on tracing findings, caseworkers should assess all possible close kinship households using one Family Assessment Form per household. This will provide the basis for determining the most appropriate household to care for the child. During assessment, the caseworker should provide the prospective kinship care households with information that helps them understand their role as carers and establish their informed willingness. If there are children in the prospective family, their views must be considered. The broader community, especially neighbors, may be involved to verify information about the household.

		Purpose	The purpose of matching is to determine the most suitable kinship household from among all those assessed and ascertain the one who most likely meets the unique needs of the child or young person while using the strengths identified in the assessment.
		Guiding notes	The child or young person must be involved in the matching process and their views and preferences must be thoroughly explored and considered before a final decision is made.
			A full list of factors to consider in the determination of the most appropriate carer can be found in the CM Guidebook (2019) job aids "Determination of the Most Appropriate Form of Family/Community -Based Care" and "Best Interest [of the Child] Determination".
	Matching		It will be important for the caseworker to involve all contacted close family members in a family group conference to agree which proposed relative will be the most suitable to care for the child. This meeting will promote joint ownership of the process, mobilize a 'social safety network' for the child and mitigate the likelihood of family conflicts.
	Matc	Outcome	The child or young person is matched with a kinship carer who is willing and able to meet the child's needs and nurture their wellbeing.
		Actions	Family Group Conferencing (refer SOP 4 of the CM Guidebook 2019) is an effective technique to determine the most appropriate household. The caseworker will:
			 Organize a family group conference and guide identified relatives on the purpose of the case conference and expectations for their participation;
			 ensure the environment is conducive for the child or young person to participate in the decision making; and,
			 discuss and document the roles and responsibilities of the rest of the family members in supporting the matched family to provide care for the child or young person.
			If, with guidance from the caseworker, the relatives in a family group conference cannot decide among themselves who would be most suitable to care for the child, the caseworker should initiate a case conference with their supervisor and SCCO.

	Purpose	The purpose of case planning is to develop a plan with measurable goals outlining steps to prepare both the child and prospective kinship household for placement. It also strengthens the child and household's wellbeing and resilience in the longer-term. This is done through a formulation of actions needed to achieve each step, for smooth placement and holistic and sustainable reintegration. Each action is assigned to a responsible person (i.e., a caseworker, member of the household or service provider) and given a timeline.
Case planning	Guiding Notes	The primary goals are preparation of the child and family for placement and developing goals to achieve holistic and sustainable reintegration. If kinship care is determined to be temporary and reunification to the biological parents is anticipated, the case plan should also include actions needed to prepare the biological parents and child for reunification.
O	Outcomes	Clearly defined goals and a roadmap with assigned responsible people and timelines are developed to support successful placement and long-term reintegration of the child into the family and community. Where it is anticipated to be possible and if it is in the child's best interest, long-term reintegration should include potential reunification with the child's biological parents).
	Actions	The case plan should be developed using SOP 5 of the CM Guidebook 2019. The caseworker will organize a meeting to involve everyone who has a responsibility and will be included in the case plan. This is inclusive of the child or young person. This ensures that every responsible person is aware and agreeable in achieving their assigned goals.



The case plan should be developed using SOP 5 of the CM Guidebook 2019.

Purpose	The purpose of approval is to obtain a formal placement approval which confirms that the assessed, supported, and recommended family to care for the child is willing and able to provide suitable care and protection.
	Once the placement is approved, the purpose of preparation is to ensure that both the child or young person and the kinship household are comfortable and ready for placement.
Guiding Notes	The approval will be guided by the information in the assessments, the family group conference, and the outcomes of the case plan which demonstrates the roadmap for how sustainable reintegration will be achieved (either long-term with the kinship family, or subsequent reunification with the biological parents where it is anticipated to be in the child's best interest).
	Actions to prepare the child and family for placement should be included in the case plan; child and family preparation processes are detailed in SOP 7 and 8 of the CM Guidebook (2019).
Outcome	The child and the kinship carer are well prepared, and placement is approved.
Actions	■ The caseworker will review the child and family assessments and case plan to ensure they are up-to-date and relevant. The child and family's commitment to proceed with placement should be established.
	■ The caseworker will complete a Placement Agreement Form (Annex) with the family and submit the form and the child's case file to the SCCO.
	For cases which have no underlying family issues, the SCCO will directly approve the placement by co-signing the placement form, issuing one copy to the caseworker which will be placed in the child's case file and keeping one copy for themselves. An additional copy may be retained by the family.
	• For cases with outstanding concerns, the caseworker will refer the case to the SCCO who in turn will present the case to the ACC for consideration and approval.
	Where the SCCO or ACC finds that placement cannot be approved, they should make recommendations to the caseworker for further preparation and exploration of a more suitable care option.
	■ The SCCO will register the placement in the CPIMS.
	Once approved, child and family preparation should start and at minimum, will include child's bonding visits to the household; the child meeting all household members. During the visits, the caregiver will orient the child to the household routine, where they will sleep, where they can keep their belongings and where they will go to school. Additionally, preparation may include making referrals to service providers according to SOP 9 of the CM Guidebook 2019.
	Guiding Notes

Purpose	The purpose of placement is to physically unite the child with the approved kinship carer.
Guiding Notes	On the placement day, all efforts should be made to support the child according to actions outlined in the case plan. This may include the date and time of placement, how the child will be appropriately sent off from their current home, who will accompany the child to the new home, transport means, which belongings the child or young person will carry with them and how they will be received at the new home.
Outcome	The child is accompanied and welcomed at the kinship carer's home and supported to comfortably settle in.
Actions	The placement of a child in kinship care is to be conducted in accordance with SOP 10 of the CM Guidebook 2019.
	■ The placement date and time, as well as transport means, should be outlined in the case plan before placement.
	At minimum, the caseworker should accompany the child to the household on the placement day and the child should carry their personal belongings with them.
	The caseworker should inform the SCCO and area chief about the placement during the preparation phase and remind them on the placement day.
	• The caseworker should provide the child with his or her contacts through which the child or young person can reach the caseworker or raise any issue.
	■ The SCCO will register the placement in the CPIMS accordingly.
Purpose	The purpose of monitoring is to offer ongoing support and assessment to ensure that the placement remains in the child's best interest and their needs are being met. It also provides a chance to strengthen the family and the sustainability of activities in the case plan.
Guiding notes	Monitoring will vary according to the needs of the child and carer; the recommended minimum monitoring schedule is outlined in SOP 11 of the CM Guidebook (2019).
	The child must be able to safely report infringements of their rights, including abuse and exploitation, and be provided with information on how to report to trusted adults who can support and advocate for the child if and when required (for example, other relatives outside the household, neighbors, teachers, etc.)
Outcome	The child's wellbeing and adjustment are monitored, and necessary support is rendered in a timely manner that ensures progression toward sustainable reintegration.
Actions	Caseworkers should follow SOP 11 of the CM Guidebook 2019; the recommended minimum monitoring schedule is up to eighteen months. Caseworkers should use their professional judgement and plan additional monitoring visits where necessary.
	During the monitoring visit, the caseworker should ensure that the child and caregiver are seen together and separately to enable each of them to speak openly about the care situation and express any difficulties or concerns.
	If the permanency plan is for the child to be reunified with their biological parents, caseworker should simultaneously conduct case planning with biological parents and monitor their progress and preparedness to receive their child.
	Guiding Notes Outcome Actions Purpose Guiding notes Outcome

Monitoring offers support and assessment to ensure placement is in the child's best interest



	Purpose	To ascertain whether the family can independently continue caring and providing for the child without case management support.
	Guiding notes	Case closure cannot be considered until the child is sustainably placed with a long-term caregiver (whether that be the kinship carer or biological parents). Case closure in kinship care placements is appropriate when:
		It is determined through a case review and the reintegration benchmarks that the arrangement is in the best interest of the child, and sustainable (where the intention is that the child will permanently stay with the kinship carer);
		1. the child turns 18 years of age while in kinship care and it has been established that they will not be reunified with their biological parents; and
		2. the child dies and all necessary investigations into cause of death have been conducted and concluded.
Case closure	Outcome	The case is closed indicating the child or young person and the family do not require further formal support and know where to seek any further support (including being provided with contacts) should they require it again in the future.
	Actions	 Caseworkers should follow SOP 13 of the CM Guidebook 2019.
		Where a case review indicates that the case can be safely closed because reintegration benchmarks have been achieved, the caseworker should celebrate the child and family's achievements and develop a closure plan.
		The plan should include a schedule for final visit, final necessary referrals, and dissemination of contact information for available and relevant support services in the child and family's community.
		■ The recommendation to close the case should be submitted using a case closure form (found in CM Toolkit, 2019) to the SCCO for approval and the form should be stored in the child's case file.
		■ The SCCO should update the CPIMS accordingly.



2 KAFAALAH





A Kafiil who physically cares for a child in Kenya shall not remove the child from the jurisdiction of the Republic of Kenya without the leave of the court.

Though Kafaalah has been practiced in Kenya for many years, these SOPs highlight

the linkages that should be made between Islamic leaders and the DCS to ensure that this traditional form of care is implemented according to statutory alternative care procedures.

Many of the children living in Kafaalah are living with their relatives (i.e., kinship Kafaalah). It is encouraged to have these arrangements registered with an Imam. For children placed with a Kafiil who is not a relative, case management will be required, and the arrangement shall be registered through Kadhis' court. The Kadhi will record and share quarterly returns with SCCOs that will be entered into CPIMS.

The Kafaalah SOP governs the practice where a child or young person is physically placed with a Kafiil and does not include the financial support arrangement (or 'sponsorship') of a child who does not reside with the Kafiil.

Introduction to Kafaalah²⁵

Kafaalah²⁶ is the provision of alternative care within the Islamic faith²⁷ and occurs without altering the child's original kinship relations²⁸. Kafaalah preserves the heritage, identity, and lineage of a child (i.e., names and birth rites are not changed) just like in other temporary care placements. The caregiver must be Muslim and is referred as 'Kafiil'. The child being cared for does not have to be Muslim and is referred to as 'Makfuul' (male) or 'Makfuulah' (female). Kafaalah is a voluntary act and thus the Kafiil must not have a monetary interest in the arrangement.

Kafaalah can include physical or financial care for a vulnerable child²⁹. Though international Kafaalah arrangements involving finance sponsorship are common, a Kafiil who physically cares for a child in Kenya shall not remove the child from the jurisdiction of the Republic of Kenya without the leave of the court. Such leave shall only be granted upon exceptional circumstances and the court shall impose conditions and restrictions as it deems appropriate to protect the best interests of the child³⁰.

Children who qualify

- Children could be placed in Kafaalah after exiting residential care, from other forms of alternative family-, or community-based care, or from their biological parents.
- Children who are orphaned. In Islam 'orphaned' includes children who have lost only their father.
- Children who are abandoned, separated or are otherwise vulnerable. In Islam, vulnerability occurs due to the death of mother or incapability of the parents to care for the child.
- Children from divorced parents who are unable to take care of the child.
- Children living in environments not favorable to their best interests.
- The child does not need to be of Muslim faith but their right to religious freedom should be considered.

Adults who may qualify as Kafiil

- Must profess Islam.
- Must be a resident in the Republic of Kenya and has been so resident for at least twelve months.
- Preferably an extended family member.
- Preferably a married couple.
- Single woman not below the age of twenty-five years. Single women are eligible to care for a girl child only.
- Single man not below the age of twenty-five years. Single men are eligible to care for a boy child only.
- Must have full legal capacity and the social and moral capability to exercise parental responsibilities over a child.
- Must have sufficient financial means to support a child.
- Must not have any ongoing legal dispute with any relative of the child.

Duration

Kafaalah can be practiced up until the age the child can support themselves (including even beyond 18 years of age)⁸. Kafaalah placements range from temporary arrangements similar to guardianship, kinship, or foster care⁹, to permanent placements similar to adoption¹⁰.

Regardless of the duration of the arrangement, the child or young person is not automatically entitled to inheritance from their Kafiil. However, they may be included in the estate of the Kafiil¹¹. Children in Kafaalah arrangements may inherit from their Kafiil from the maximum one-third portion of an individual's personal estate that they are allowed to dispose through a will¹². In the absence of a will¹³, children in Kafaalah arrangements may inherit from the Kafiil at the court's discretion¹⁴.

Documentation

Child's birth certificate, biological parent's identification cards/birth or death permit and inventory record. The case management forms and supporting documentation required for Kafaalah arrangements can all be found in the CM Guidebook and Toolkit (2019).

The form used by statutory authorities to approve and register a placement is Annex II.

Kafaalah SOP The following sets out the relevant procedures in the establishment and support of Kafaalah placements; this does not include Kafaalah sponsorship arrangements. These procedures should be utilized together with the CM Guidebook (2019).

Child identification, child assessment and family tracing should take place as guided by SOP 1, 2, and 3 of the CM Guidebook (2019). Once these steps are complete, it can be determined that a child needs alternative care.

	To ensure that the identified child is in need of alternative care and fits the criteria for Kafaalah. Additionally, to ensure that the DCS is aware of the placement, that the correct legal processes will be followed, and that the child is registered in
	Normally, the child is identified by an Imam to whom the child directly presents themselves, or by a community member who has identified the child because they need care and protection. It is important that the Imam furnish the relevant SCCO through the nearest Kadhi with a list of identified children or young persons for registration in CPIMS on a quarterly basis. A caseworker should also be assigned to work with the Imam throughout placement process. The Imam will be co-opted in the ACCs meeting on a quarterly basis to present the cases that need to be handled.
	 During the identification process, it should be ensured that: the identified child is in need of care and protection; the child's opinion is highlighted and considered; the case is recorded by the Imam and forwarded to the SCCO for verification and registration in the CPIMS; the Children's Officer or caseworker collects and documents all relevant background information regarding the child; and, the child qualifies for placement in Kafaalah as the preferred option.
utcomes	The child is identified, verified and registered in CPIMS as a child in need of care and protection. In emergency situations, the child may be placed immediately at the point of identification. Even where the child has already been placed in Kafaalah, the steps below should still be followed.
ctions	 The lead Imam: identifies a child or receives referrals of children in need of care from the community, records the case in the Kafaalah register (a hard copy form should be provided by the SCCO) and informs the SCCO on a quarterly basis who then assigns a caseworker or handles the case themselves; supports the assigned caseworker or SCCO in completing the Identification form (found in CM Toolkit 2019); will share identification form with the Mosque Committee; and, will, if they have access, record the cases in CPIMS or share with the SCCO to record the child in the CPIMS.
L.	iding tes

		Purpose	The purpose of child assessment is to identify the child's strengths and needs including educational, health, social, cultural, and religious. Child assessment helps to guide the most suitable alternative family care placement option.
		Guiding notes	The assessment process should be led by the Imam, with strong collaboration and coordination from the SCCO, caseworker or other delegated representative.
	nent	Outcome	The child's strengths and needs will be established and will later be used to guide the identification of a Kafiil who can most appropriately meet the child's needs.
Child Assessment	Child Assessr	Actions	 The caseworker should assess the child in accordance with SOP 2 of the CM Guidebook (2019). During child assessment, the Imam and caseworker will engage the child to identify people within his or her network with whom they have an attachment or connection, and may feel safe to live with, including immediate and extended family members. In emergency situations, tracing and family assessment (which are the next two steps, see below), may occur quite rapidly and often simultaneously with child assessment. Imam will convene a Mosque Committee meeting and establish whether prevention of separation is possible and if the child's parents (if alive) have the capacity to care for the child if provided with family strengthening support (this includes Kafiil sponsorship). Should the committee determine that parental care is not feasible, the Mosque Committee will collaborate with a caseworker evaluate whether the child will need to be placed in a Kafiil's custody or whether the Kafiil will only sponsor the child as the child continues to live with their current caregiver. Priority should be given to kinship Kafiil.
		Purpose	To establish whether the child has known parents or relatives and to understand whether the known relatives (if any) are willing and able to care for the child. Where a child has lost both parents, tracing may also explore whether a will/deed or care arrangements were left behind by the child's parents.
	Bu	Guiding notes	Tracing is also an opportunity to gather basic background information for the child and their family which will support assessment.
	Tracing	Outcome	If available, the parents or relatives are located, and the caseworker and Imam obtain an initial indication of whether any known relatives are willing and able to care for the child.
		Actions	Tracing will be conducted in accordance with SOP 3 of the CM Guidebook (2019). Caseworker, with support from the Imam and other community actors will call known relatives and visit the child's community of origin.

	Purpose	The purpose of identification is to find a prospective volunteer who meets the criteria of Kafiil in accordance with Islamic law and teachings.
Kafiil Identification	Guiding notes	Kafiils may be identified in several ways: they may volunteer themselves, be identified directly by an Imam from within their congregation or proposed by community members. Imams may proactively lead the recruitment and identification of Kafiils through their congregations. They can ideally create a pool of prequalified Kafiils who can be on standby when a child needs alternative family-based care.
il Ide	Outcomes	Finding a Kafiil who is willing to provide home-based care for a child.
Kafi	Actions	 Once a prospective Kafiil is identified, the Imam will explore their interest and eligibility in accordance with Islamic law and teachings. If the Imam is satisfied that the prospective Kafiil meets eligibility criteria, the Imam should then provide the prospective Kafiil with information about their expected role, responsibilities, and the next steps in the process to be formally approved. After the Imam has confirmed eligibility under Sharia Law and Islamic teachings, they will seek confirmation of eligibility with the SCCO or the ACC.
	Purpose	To establish the prospective Kafiil's ability to care for the identified child.
re Kafiil	Guiding Notes	If tracing reveals that the child has known living parents or relatives, all located relatives should be assessed to explore the possibility of kinship care. Placement of a child with a Kafiil who is a relative should be prioritized over a non-relative.
ectiv		If relatives are assessed but none are deemed willing to care for the child, they may still be involved in decision making related to placement of the child with a Kafiil.
Assessment of prospective Kafiil	Outcomes	To establish the prospective Kafiil's strengths, needs and capacity to offer parental care to the identified child, including a holistic picture of the Kafiil and all members of their household.
Assessm	Actions	 The Imam or delegated representative will assess the prospective Kafiil using SOP 4 of the CM Guidebook (2019). The assessment will take place at the prospective Kafiil's home. The Imam will collate a list of all assessed Kafiil and share the list with the SCCO through a quarterly return.

Purpose	The purpose of registration is to have the approved Kafiil formally known by the SCCO and listed in the CPIMS. This helps the SCCO and County Children's Coordinator to track approved Kafiil within their areas, to support efficient placements and to monitor approved placements.
Guiding notes	 The Imams or delegated caseworker should work closely with the SCCO to ensure that all volunteers who want to become a Kafiil are guided through the assessment process before they are registered. This can be achieved through a monthly Kafiil register submitted to SCCO by Kadhis. It will also be important that all those registered by Imams understand the importance of registering themselves and the children under their care with the SCCO. Registering Kafaalah arrangements will give the Kafiils access to a certificate which can be used to access social welfare support (e.g., OVC cash transfer, bursary, disability ID card and disability services, and other social services available for children in need).
Outcomes	Prospective Kafiils are formally registered with the SCCO in CPIMS and issued registration certificates.
Actions	 Following assessment, the Imam and caseworker will orient the Kafiil to the legal and religious requirements as well as expectations of Kafaalah arrangements. After approving a Kafiil, the Imam will fill in the Kafiil register provided by the SCCO, send it to SCCOs for approval through co-signing. The Kafiil will then be issued with a registration certificate. If access is provided, the Imam will prepare and input the CPIMS. If not, they will forward the records of the approved Kafiil to the SCCO for entry into the CPIMS.
Purpose	The purpose of matching is to consider all possible prospective Kafiils to select the
	most suitable Kafiil to meet the specific child's needs.
Guiding notes	For Kafiils who are not related to the child, the matching process should be participatory, involving the child, child's family (if known), Mosque Committee, and SCCO or delegated caseworker. The more relevant actors involved, the more robust information will be available to identifying a safer care option in the decision-making process is likely to be in getting the right Kafiil to meet child's need. Note: matching isn't usually required for kinship Kafaalah as the family commonly decides this among themselves.
Outcomes	The selection of a Kafiil, who is best suited to meet the child's unique needs and can provide a safe, stable, and nurturing environment.
Actions	Caseworkers should follow SOP 14 of the CM Guidebook (2019) to conduct a case conference: The Imam in collaboration with the SCCO or delegated caseworker will invite relevant stakeholders (which will include the Mosque Committee, the child's family where appropriate and, depending on their age and evolving capacity the child) to the case conference which may take place at either the mosque or the SCCO office. Prior to the case conference, using SOP 14 of the CM Guidebook, 2019, the SCCO or delegated caseworker will outline the process and objectives of the case conference for the Imam so that they are clear on their role. Prior to the case conference, the SCCO or delegated caseworker will share the assessment forms of each Kafiil to be reviewed during the case conference with the Imam. At the commencement of the case conference, the Imam will introduce the case to all conference participants, as well as the expectations and requirements of Kafaalah placements. A Makfuul or Makfuulah whose name is unknown is given any Islamic name.
F	Outcomes Actions Outcomes Guiding notes Outcomes

	Purpose	Placement approval is the final determination that a Kafaalah arrangement is the most appropriate form of care for the child.
	Guiding notes	Ensure that the suitability of the arrangement is rigorously reviewed to be in the best interest of the child and that the placement is appropriately registered with the SCCO.
		Imams should encourage all kafiils in their communities, including kinship kafiils, to register any pre-existing Kafaalah arrangement with the Kadhi's court which has removed all fees to make formalizing Kafaalah arrangements free and accessible.
<u>-</u>	Outcomes	The SCCO will either approve the arrangement by signing the placement form or the caseworker and Imam will be guided to explore more suitable care arrangements.
Placement approval	Actions	 The Imam should follow SOP 6 of the CM Guidebook (2019). The Imam will prepare a case summary for presentation to the SCCO for review and approval. Where the caseworker is advised by the SCCO to consider other care arrangements for the child, they should revert to family tracing and assessment of relatives and other prospective carers (including other kafiils). Where the placement is approved by the SCCO, they will fill in the placement form (found in Gatekeeping Guidelines, 2021) and share it with the Imam. The Imam shall bring the placement form with them and will present the Kafiil before the area Kadhi Court. Alternatively, to streamline this process, the Imam can invite the Kadhi, relevant SCCOs, several matched kafiils and children, and children's caregivers (as needed) to the mosque, to conduct several approvals at once. The Kafiil will take a solemn pledge/oath before the Kadhi to uphold the religious requirements and expectations of Kafaalah. This oath acts as a legal placement approval under Islamic law. The Imam will present the placement form to the Kadhi for co-signing. The Imam will share the completed placement form with the caseworker or SCCO which will be kept in the child's case file. The Kadhi will maintain a register of formalized placements and share with the SCCO on a quarterly basis for entry into CPIMS.
	Purpose	The purpose of case planning is to develop a clear plan with measurable goals and actions. This can strengthen the child and Kafiil's family's well-being and resilience. The case plan facilitates smooth placement and secures the child's best interests.
gui	Guiding notes	Case planning requires strong coordination from the Imam who regularly brings together all parties supporting the case including the SCCO or delegated caseworker, the matched and approved Kafiil and child, other members of the Kafiil's household or community, and where appropriate, the child's family of origin. With the numerous parties involved, documentation of all case planning discussions (using the case plan form found in the CM Toolkit, 2019) will be critical to coordination.
Case Planning	Outcomes	A case plan that outlines relevant measurable goals and actions, allocated responsible persons and clear timelines, which will enhance the child and household's wellbeing and resilience. It also helps them progress towards sustainable reintegration.
3	Actions	Case planning should be conducted according to SOP 5 of the CM Guidebook (2019). It should include goals for preparation of the child and the Kafiil's household, goals for placement, long-term post-placement goals, and the monitoring schedule and method (e.g. calls, home visits, meeting the Imam during visits to mosque etc).
		The Imam will initiate a case planning meeting, inviting the SCCO or delegated caseworker, the matched and approved Kafiil and child, and other concerned parties (for example, other members of the Kafiil's household or community, the child's family of origin as appropriate etc).

	Purpose	The purpose of placement is to physically unite the child with the approved Kafiil.
	Guiding notes	On the placement day, all efforts should be made to support the child according to actions outlined in the case plan. This may include the date and time of placement, how the child will be appropriately sent off from their current home, who will accompany the child to the new home, transport means, which belongings the child or young person will carry with them and how they will be received at the new home.
Placement		The Imam will work with the caseworker, both the child and the current caregiver to discuss the placement and provide information about each party. Both the child and the current caregiver should be consulted and have their views considered. The caseworker will ensure each party understands their roles, responsibilities and the nature of their relationship.
	Outcomes	The child is welcomed at the Kafiil's home and supported to comfortably settle in.
	Actions	Placement shall be conducted in accordance with SOP 10 of the CM Guidebook 2019.
		The placement date and time, as well as transport means, should be outlined in the case plan in the months before placement. At minimum, the Imam should accompany the child on the placement day and the child should carry their personal belongings with them. All members of the family whom the child had already met during preparation should be ready to welcome and receive the child on arrival.
	Purpose	The purpose of exit planning is to plan toward permanency, whether that means the child is to stay in the Kafaalah placement until they turn 18 years of age, or the child is to be re-united with their biological family (if the root cause of separation can be addressed), or that they should be supported to live independently.
	Guiding notes	Exit planning should be considered from the very beginning. Whenever a child is placed in Kafaalah, the Kafiil, caseworker and Imam must all plan for the longer-term care and protection of the child.
anning	Outcome	A clear permanent plan for the child.
Exit Plan	Actions	 During the placement period, the Imam and the caseworker are responsible for maintaining continuous, adequate contact and involvement of the biological family. A trained Imam or an Imam being supported by a caseworker, should conduct case management and family strengthening activities with the biological family throughout the child's placement in Kafaalah. The case management is intended to address the root causes of separation which would allow the child to be safely returned to their family's care. If the child has no known family members, plans to support the child into independent living should be developed within the care plan. The Kafiil will state if they intend to continue sponsoring the child even when the child is reunited or living independently. Since there is also no inheritance in Kafaalah, they provide a 'gift' via property or any other form.

	Purpose	The purpose of monitoring is to ensure that the child is safe, their needs are being met during Kafaalah placement, and the placement continues to be in the child's best interest.
	Guiding notes	The Imam or their delegated assistant and the SCCO or their delegated caseworker will coordinate and collaborate closely throughout the monitoring period.
		Where reunification with the biological parents or relatives is the case plan's goal, the targeted household should also be monitored and supported with family strengthening services to prepare them in caring for the child.
	Outcomes	The child and Kafiil are supported; the child's needs are met; and in circumstances where the child's needs are not being met it is identified early and actions are taken in response.
Monitoring	Actions	Monitoring should be conducted according to SOP 11 of the CM Guidebook (2019). The monitoring SOP includes a minimum monitoring schedule which should be followed.
Moni		The schedule and method (e.g. phone calls, home visits, meetings during family visits to mosque etc) should be outlined in the case plan and agreed to by the Imam or their delegated assistant, the SCCO or their delegated caseworker, the Kafiil and child in advance.
		During monitoring visits, the child and Kafiil will be seen together and separately to enable both to have the space to speak openly and express any difficulties or concerns.
		Any required referrals should be conducted in accordance with SOP 9 of the CM Guidebook (2019).
		If there is a dispute or violation of the child's rights, the Imam will present the case to the SCCO who will conduct mediation to resolve any dispute between the Kafiil and the child. If the SCCO is unable to resolve the conflict, they will refer the case to the Kadhi court.
	Purpose	The purpose of case review is to evaluate whether the goals outlined in the case plan are relevant, being achieved, and helping the case to progress toward the child's reintegration (whether permanently with the Kafiil, reunification with biological parents or relatives, or independent living).
Case review	Guiding notes	Case reviews should be conducted in a meeting with all relevant stakeholders to assess Kafaalah progress and stability. Case closures are to be prepared as guided by SOP 12 of the CM Guidebook 2019 and the reintegration benchmarks.
Case	Outcomes	The completed case review will confirm whether the placement continues to be in the best interest of the child. This guides the SCCO or delegated caseworker and Imam or delegated assistant to decide whether the case is ready for closure.
	Actions	Case review should be conducted according to SOP 12 of the CM Guidebook (2019) using a case conference approach. It should involve the child, Kafiil, other members of the Kafiil's household, the SCCO or their delegated caseworker, and the Imam or their delegated assistant.

Case closure	Purpose	Case closure reflects that the child's placement is in a sustainable household (whether permanently with the Kafiil, after being reunified with their parents or relatives, or living independently) because a case review has shown that the household no longer requires case management support.
	Guiding notes	 According to Islamic law and teachings, Kafaalah placements are terminated as follows: Through legal maturity of a child, unless decree of extension is granted by Kadhi; By demise of a child, Kafiil or both; By legal incapacitation of Kafiil (proven through an authority that Kafiil is incapacitated either by illness or accidents or negligence); By the Kafiil's inability to assert parental responsibility because they neglect their duties as per the agreement; and Where the child can be reunified with biological parents because they can meet the child's needs.¹⁵ Where the child or young person is transferred to another care arrangement, the current Kafiil support ceases. However, the financial sponsorship may continue at the Kafiil's discretion. Case management should continue in the new household (start at placement step of the CM Guidebook 2019); the SCCO should update the registry and CPIMS accordingly.
	Outcomes	The child or young person is sustainably reintegrated within a suitable household (whether with the biological parents, relatives, permanently with the Kafiil, or in independent living), and equipped with information and contacts for surrounding support services within their community should they need them in the future.
	Actions	 Closure should be conducted according to SOP 13 the CM Guidebook (2019). The Imam and SCCO should ensure the household is equipped with information and contacts for support services in their local community. The Kadhi who approved the Kafaalah placement should co-sign the case closure form alongside the Imam, Kafiil and the SCCO. The Kafiil, at their full discretion, may wish to give the child a financial or other gift.





Case closure reflects that the child's placement is in a sustainable household.

3 GUARDIANSHIP



Introduction to Guardianship

Guardianship is a legal relationship created when a child's biological parents appoint a person or a couple through a will/deed, or upon application, a person is appointed by the court to take care of a child either alone or to act together with a living parent or another guardian. Guardianship can involve the child, their parent's property, or both the child and property.

A guardian is a person appointed by a parent's will or deed or by a court order to assume parental responsibility for a child upon the death of the child's biological parent and to act alone; or in conjunction with the surviving parent; or with the father of a child born out of wedlock who has acquired parental responsibility for the child in accordance with the Children's Act (2001).

Currently, guardianship is only granted to Kenyan nationals for any child within Kenya. Any adult can apply for guardianship in the Children's Court if, while living, the child's parents did not appoint a guardian through a written will or deed.

This SOP aims to operationalize these preexisting legal provisions by providing step-tostep guidance to ensure that due diligence is conducted <u>before</u> the court legally appoints a guardian. Equally, it outlines procedures to monitor the child <u>after</u> placement into guardianship care. The SOP proposes close collaboration between the children's court and DCS to ensure that the safety and best interests of children being placed into guardianship arrangements are upheld.

If parents have not appointed a person to take on legal guardianship of their child upon death, guardianship is most granted by application to the Children's courts. It is proposed that the SCCO or ACC can identify a guardian, following the caseworker's assessment and recommendation. The court will make the ultimate decision on whether to appoint the guardian or not, based on input from the child, relatives, and recommending authority.

The DCS and its partners must ensure the safe and appropriate appointment of guardians, within the pre-existing legal provisions, by rigorously applying case management before, during and after court processes.

Children who qualify

Children could be placed in guardianship after exiting residential care, from other forms of alternative family-based or community-based care, or from their biological parents.

- Children who are orphaned. Either their biological parents can appoint a guardian, or an application may be made to Children's Court for guardianship.
- Children living in the streets who are lost or neglected.¹⁶
- Children of a single parent. A guardian can be appointed to act with the living parent.
- Children whose parents require care for their children due to a temporary inability to care for the child for any reason (for example, due to travelling, incapacitation or incarceration). This depends on the duration of the period the parent is temporarily unable to care for the child.

Duration of placement

- Guardianship is granted by Children's Courts and lasts until the child attains 18 years of age or until it is revoked.
- Guardianship is revocable at any time upon application either by the child, the guardian, a surviving parent or any person who believes the guardianship arrangement is not in the best interest of the child.
- Guardianship can also be extended beyond the child's 18th birthday under special circumstances upon application to the Children's Court.
- If the guardianship arrangement is terminated for any reason and the young person still requires support, the caseworker may help the child identify a community-based mentor by following the Supported Independent Living SOP (section 6 below).

Documentation

The forms used by the SCCO for guardianship arrangements are found in the Guardianship Regulations (2001) including Form 1, Guardianship Form of Undertaking, Guardianship Registration, and Inventory Form.

The case management forms for use in the lead-up to guardianship arrangements and to monitor guardianship arrangements after placement, can be found in the CM Guidebook and Toolkit (2019).

Additional documentation may include:

- A signed will or deed where biological parents appointed a guardian.
- Death certificate or burial permit in case of death, medical report in case of incapacitated parents,
- Court order in case of incarcerated parents.
- Police Clearance Certificate; and
- Character references from the chief and authority or religious institution.

Guardianship SOP

The following SOP sets out the relevant procedures in the establishment and support of guardianship arrangements. These procedures should be utilized together with the CM Guidebook (2019).

Child identification, child assessment and family tracing should take place guided by SOPs 1, 2, and 3 of the CM Guidebook (2019). Only when these steps are complete can it be determined that a child is in need of alternative care.

		Purpose	The purpose of identification is to ensure that the child or young person's needs and best interests determine appointment of a guardian by the parents or by children's court.
	Identification of the child	Guiding notes	Where biological parents are appointing guardians for their own children, case management often will not be possible because the will/deed is considered a legal approval and unless there is a reason why the guardian should not take up parental responsibility, the will takes effect automatically on the death of the child's parents. As such, it is critical that the DCS sensitize the public on the importance of appointing guardians for their children (in a will or deed) who will be willing and able to provide suitable care for their children, should they die or become otherwise incapacitated. If guardianship is initiated by any person other than the biological parents, identification of the child involves establishing the needs of the child and the necessity of guardianship.
	Iden	Outcomes	Children or young persons without parental care are identified and will be provided with parental care through guardianship.
		Actions	The caseworker or Children's Officer will identify a child in accordance with SOP 1 CM Guidebook (2019). Where a child is found living without adult care, or in alternative care, or has been referred from the community and guardianship is recommended as the most appropriate care option. Chiefs or community members may refer a child to the Children's Officer to facilitate guardianship.



		Purpose	The purpose of assessment is to determine the needs, situation, the best interests of the child, and to determine the necessity of appointing a guardian.
		Guiding notes	For children already living with the guardian, assessment might be difficult. If assessment is possible, it should establish whether the needs of the child are being met by the current guardian or if another guardian should be identified to act with the current one.
	Child Assessment		Assessments requested by the Children's Court following an application by an interested individual must be thorough and guided by the SOP 2 of CM Guidebook. For children identified by the community or person with authority, assessment should establish whether guardianship is most suitable or if another form of alternative care is more suitable.
	Child /	Outcomes	Assessment of the child will provide information on the needs of the child and the suitability of guardianship.
		Actions	Child assessment should be conducted according to SOP 2 of the CM Guidebook (2019). During the assessment, the caseworker will actively engage the child in identifying possible guardians amongst immediate and extended family members or community members with whom the child has a special bond.
			The caseworker will assess the best interest of the child in accordance with the age of the child, whether the child will live under the guardian's custody, and whether the guardian will play a role in a supervised living arrangement.
		Purpose	Tracing explores whether there is an appointed next of kin or whether the current caregiver has a legal appointment, written a will or deed to care for the child.
		Guiding notes	Tracing is conducted in accordance with SOP 3 of the CM Guidebook (2019), including collaborating with community members such as relatives, teachers, neighbors, church leaders, chiefs, community, social workers, community health workers and CHVs and CPVs to trace and visit the household.
			Tracing is also meant to preliminarily indicate if any known close relatives (if known) can offer guardianship and the risks of that possible placement.
	Tracing	Outcomes	The child or young person's relatives are contacted. The next step of assessment will establish if it is safe for the child to live with the traced family members or to proceed with guardianship.
	F	Actions	See SOP 3 in the CM Guidebook (2019).
			Where the guardian was appointed by a child's biological parents through a will or deed, the caseworker will trace the guardian's residence and assess the current living status of the child and the guardian. This will determine the suitability of that guardian and to advise the Children's Court on granting a legal guardianship. Where a person applies through Children's Court, the Court will refer the case to the SCCO who will conduct tracing, assess the household, and write a social enquiry report with their recommendation on suitability of the applicant to offer care to the identified child.
			If there is a known living family member, it is the responsibility of the SCCO to inform those members and recommend that the Children's Court summon them during the hearing date in court.

Purpose The purpose of guardian identification is to ensure that the child or young person has a suitable guardian. The guardian is appointed to take up parental responsibilities and safeguard the child's best interests and their overall well-being. Guiding The guardian must be qualified as per the legal and social requirements. They must notes be well equipped to care for and protect the child. While the appointment order is granted by the Children's Court, it is the Children's Officers or a social welfare officer's role to identify, assess and recommend an appropriate guardian who is willing and able to meet the need of the child). The SCCO should ensure that appointed guardians have the required knowledge and abilities to effectively represent the child's best interests and perform their duties. This means that individuals appointed as guardians need to have or must be sensitized on: Childcare, protection and psychosocial support. A general understanding of child's needs (including health, education, cultural, religious, gender, etc.); Sufficient knowledge of the relevant legal framework especially where property is involved. Non-violent discipline approaches. Ability to engage in a respectful, sensitive, and non-discriminatory manner; and **Suardian Identification / recruitment of Guardians** Regulations and requirements of the children's court if they plan to travel with the child or young person. Some other factors a caseworker may consider when identifying a potential guardian include: Age—the guardian must be at least 18 years of age, and older than the child; Gender should be the same as that of the child; Physical and emotional health; Responsibilities for other children; Religious background; Employment; Community engagement; Proof of capacity to provide child's material needs; and Good conduct to verify no criminal records. Outcomes Identification process will ensure that suitable guardians are identified and approved to offer parental care for a child. Actions If a parent or anyone else applies to the Children's Court to be appointed as a guardian, the court shall request the applicant to submit a Children's Officer's report on assessment, suitability, and approval of the person's suitability as The Children's Officer will request a meeting with the parents of the child (if alive) and guide them through the identification process and prequalification of a guardian. The Children's Officer will provide an application form to the parents or individuals requesting for guardianship with an application form to be filled in and returned to the Children's Office. The Children's Officer or caseworker will interview the parents or the applicant and conduct a home visit. The Children's Officer will organize a case conference to review the applicant's suitability as presented by the caseworker's report. Children's Officers will thereafter write to notify the parents or the applicant of the outcome and recommendations of the case conference. If approved, or after complying with the recommendation, the applicant and parents will be invited to be trained for their approved role. This can be done concurrently with placement.

		Purpose	The purpose of assessment is to ensure that the appointed guardian is suitable, meets the criteria, will ably meet the identified needs of the child and is fit as per other regulations.
	Guardian	Guiding Notes	Assessment should be conducted according to SOP 4 of the CM Guidebook (2019) for all guardians, whether they were appointed through a will or a deed, or they applied directly to the Children's Court, or were recommended by a community actor. The assessment for guardians for children with parents or children transitioning from other forms of alternative care may differ slightly.
	rospective	Outcomes	Assessment should ensure that guardians with the required criteria and capacity to match the child or young person's need are prepared and informed of the process of guardianship regulations.
	Assessment of prospective Guardian	Actions	Assessment should be guided by SOP 4 in the CM Guidebook (2019). A caseworker and the Children's Officer will also consider the following: Assess the guardian and other members of their household in cases where they are seeking full custody of the child. In the case of a guardian in charge of the estate, an inventory of the child's property and inheritance should be prepared by the caseworker and recorded in the inventory form (Annex III). Confirm that the prospective guardian has provided all required documents. If not, avail the prospective guardian with a list of documents required prior to assessment session.
		Purpose	The purpose of preparation is to prepare the prospective guardian for their role and equip them with skills suitable for supporting the child.
	ration	Guiding notes	See SOPs 7 and 8 of the CM Guidebook (2019). Preparation focuses on strengthening the guardian's capacity and readiness to care for the child. This can be conducted via one-on-one sessions with a caseworker or by involving the guardian in trainings that may become available (via local authorities, local NGOs, etc.). These help the particular guardian to meet the unique needs of the child. Topics could include childhood development, positive parenting, and the legal framework as it relates to guardianship (e.g. Children's Act, Guidelines for Alternative Care, Guardianship rules and regulations, succession laws, property rights etc).
	Family preparation	Outcomes	Preparation strengthens a guardian's parental competencies and enhances commitment to their work. Guardians feel empowered and equipped to support the child placed with them.
ŭ	ŭ.	Actions	See SOPs 7 and 8 of the CM Guidebook 2019. Based on the findings in the assessments, the caseworker should provide one- on-one capacity building to guardians to enhance their competencies in areas of need. For example, if the child to be placed with a guardian has special needs, the caseworker should focus on explaining those needs, and how the guardian can meet those needs by equipping them with specific parenting skills and knowledge.
			The caseworker should coordinate with the SCCO, ACC and local NGOs to explore trainings available locally which may be relevant and useful to the guardian. The caseworker can refer the prospective guardian to a legal aid provider such as the National Legal Aid Services, a government-funded organization offering free legal representation for children in court process, to get basic legal representation and to understand property and succession issues.

	Purpose	The purpose of registering guardians is to have approved guardians in the CPIMS so
		that children can be tracked and monitored after placement.
	Outcomes	Approved guardians are registered in the CPIMS.
re Guardian	Actions	The Children's Officer will: Liaise with the Children's Court clerk to attain a list of granted guardianship orders on a monthly basis.
Registering prospective Guardian		Keep an up to date, well maintained register specifically for approved guardians. Record the details of the guardian in the register which shall include the name, gender, ID/Passport number, age, physical location of the guardian and child, phone number, date of registration, date of supervision, and serial number for the entry. Record details of the child's property and inheritance. (for succession matters).
Registe		Document the direction in an ecomap of where the guardian and the child or young person are located.
		Enter the information in the CPIMS. Open a file for the child or young person and file copies of documents in it. Store the file in a secure and lockable file cabinet.
	Purpose	For guardians who intend to apply directly to court or have been referred via a Children's Officer, matching ensures that the identified guardian is a suitable caregiver for the child <i>before</i> an application is made to court.
	Guiding notes	For guardians appointed through a will or deed, matching will be skipped (as the match was created by the will or deed). However, to ensure the safety and wellbeing of the child, the arrangement should be assessed and supported where possible.
	Outcomes	The child is matched with a suitable guardian who will meet their needs until they are able to live independently or as stipulated in the guardianship order.
Matching	Actions	For guardians who intend to apply directly to the court or have been referred through a Children's Officer, the caseworker should prepare a summary of the case and present it to the SCCO or ACC (where they exist) for their review and approval. If the SCCO is reviewing the case, they will review all details and then either approve (so that the proposed guardian can proceed to the preparation and placement steps) or recommend that a different guardian who can better meet the needs of the child be sought.
		If the ACC is reviewing the case, they will follow the decision-making protocols outlined in the Gatekeeping Guidelines (2021) to either approve (so that the proposed guardian can proceed to the preparation and placement steps), or recommend that a different guardian who can better meet the needs of the child be sought.
		If the SCCO or ACC approves the guardian to proceed with preparation and placement, they will then initiate the court process (see more below in placement approval step).

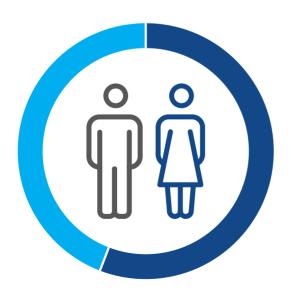
and expectations, etc.

The purpose of case planning is to set clearly defined goals and actions to meet

Purpose

		Purpose	The purpose of placement approval is to seek legal approval for the proposed guardianship arrangement. Placement approval acts as a final check and confirms that the proposed guardianship arrangement is in the best interest of the child.
		Guiding notes	Placement approval is required to legalize a guardianship placement. It should be considered an important safeguarding step.
	oval	Outcomes	The Children's Court issues a Guardianship Order, legally recognizing the guardianship arrangement and signaling that the child may be placed with the guardian.
	Placement approval	Actions	The Children's Officer will collaborate with the Children's Court clerk to bring the case to court.
Placeme	Placeme		The Children's Officer will present their Social Inquiry Report, including their recommendation for the guardian or the ACC's recommendations where they approved the matching.
			The Children's Court will review the case and grant or deny a Guardianship Order. Where a Guardianship Order is issued, it will be retained by the Children's Court. The Children's Officer should obtain a copy to keep in the child's case file and provide one copy to the guardian.
		Purpose	The purpose of placement is to support the child to physically join guardian's family (if the child is transitioning from another caregiver/form of care).
			Placement is skipped for pre-existing guardianship arrangements.
Z	ıt	Guiding notes	Ideally, placement should only occur after the Guardianship Order is issued by the court <u>and</u> once both the child and guardian have been prepared for placement.
	Placement	Outcomes	A successful placement that meets the expectations of the child to have family-based care. The child is placed under the custody of the guardian either under parental care or an overseeing arrangement.
		Actions	Placement should be conducted according to SOP 10 of the CM Guidebook (2019), ensuring a child-centered approach to the day of physical transition. Where possible, the caseworker and current caregiver should escort the child to their new home.
			The guardian must be available to receive the child or young person on arrival. If the guardianship is for overseeing role only, the caseworker will plan a meeting between the child and the guardian at an agreed date.

	Purpose	The purpose of exit planning is to prepare the child or young person to disengage from the guardian when planned guardianship period expires; or when the caseworker and the child agree that the child; or young person is stable and ready to live independently.
	Guiding notes	If applicable, the caseworker collaborates with the guardian to facilitate communication and contact between the child or young person with their biological family and kin. They should also facilitate strengthening the child or young person's extended social networks (for example, through referrals to youth associations, extra curricula activities, sports clubs, etc).
Exit planning		If a caseworker establishes that the child or young person requires a mentor after the expiry of the guardianship order, the discussion with the guardian and the child or young person should start when they are ready to hold this discussion. If the guardian wishes and the child is comfortable, the current guardian can take up the mentorship role. If not, the caseworker can engage the child and where possible, the current guardian to identify a mentor for the young person.
	Outcome	Preparation for exit is done during case review after the caseworker confirms that the child or young person is ready to move on without support from the guardian. The child or young person is prepared for transition from guardianship to the next care arrangement (includes supported independent living). Where it was agreed that after expiry of guardianship, the child or young person will benefit from being assigned a mentor to help them live independently, the exit from guardianship marks the beginning of supported independent living.
	Actions	To prepare for the exit, the guardian, child, or young person and caseworker will: Review the case plan to ensure all goals are met. Ensure that the child or young person is provided with contacts of the person mentoring them when in need of support. Provide referrals to the services within the community to the young person.



Some children may benefit from maintaining contact with the foster care after a scenario of reunion with the biological parent/s/family.

		Purpose	The purpose of monitoring is to continuously support and evaluate the placement
			to ensure that it remains in the child's best interest and their needs are being met. Monitoring also provides a chance to strengthen the family and the sustainability of activities in the case plan.
		Guiding notes	Guardians should receive regular monitoring visits and psycho-social support to prevent burn-out and ensure they continuously offer quality care.
Monitoring	0		Guardians may need to be linked or referred to legal advice so that they are adequately informed on legal issues related to administration of a child or young person's property and succession rights. Given the cost of legal fees, DCS should connect the guardians to the National Legal Aid Service [NLAS] or provide legal support as per the Children Act (2001) which states that every child must be accorded a lawyer where required.
Ž		Outcome	The necessity and suitability of the placement and the child or young person's wellbeing are monitored periodically and progressively. Any necessary support is rendered in a timely manner as needs emerge.
		Actions	Monitoring will be conducted according to SOP 11 of the CM Guidebook (2019).
			The caseworker should provide an annual update on the case through a case summary to the SCCO. The case summary should include specific information about how the assets inherited by the child are being utilised to benefit them.
			The SCCO will present the update to the Children's Court on an annual basis.
		Purpose	The purpose of case review is to assess whether the goals set have been achieved. If there is need to develop new goals and whether the child and family are stable enough to plan for case closure.
		Guiding notes	The guardianship arrangement, by law, is supposed to last until when the child attains 18 years of age with a possible extension under special circumstances.
*			However, if the caseworker establishes that the young person requires support, the guardian can transition to a mentor until a durable solution in the best interest of the young person is identified and implemented.
Case review			In the process of identifying a durable solution, reunification of the child with his or her parents and reintegration in the family should in principle be examined, when in the best interests of the child.
			If reunification is not an option, the caseworker should prepare the child or young person to independent living if they are found to be stable.
		Outcomes	The review will guide the next step of case closure, case transfer or continuation of the guardianship.
		Actions	Case review should be conducted according to SOP 12 of the CM Guidebook (2019). The caseworker will prepare the guardian and the child or young person during the last monitoring visit and together set the date for case review. All concerned parties involved in the child or young person's life must be involved in the case review meeting.

The purpose of case closure is to disengage the caseworker, the guardian and other formal authority to allow the child or young person to move on independently. This is after having satisfactorily proven that the child or young person is stable and sustainably reintegrated within their family or community.

Case closure occurs when:

The case plan is considered complete and support for the child or young person is

- The child or young persons no longer wants to engage with guardian.
- Death of the child or the guardian.
- A child reaches the age of majority. However, the caseworker should assess the child or young person and consider making support available beyond the age of 18 (the Children Act 's 2001 allows extension under special circumstance) to facilitate the child's transition to independent living;

If it is decided that the child or young person will be reunified with their family, the caseworker will ascertain the capacity and willingness of the parents to meet the child's best interests. Whenever new evidence emerges suggesting that return to the family would be in the best interests of the child, the guardian together with the DCS and caseworker should support and monitor that reunification.

Where it is decided that the child or young person requires a mentor, the caseworker must ascertain that before case closure, the mentor and the child or young person

The child or young person is sustainably reintegrated and well supported within a family, or independently within their community.

Closure should be conducted according to SOP 13 of the CM Guidebook (2019). The guardian and caseworker should support the child or young person in preparing for an independent life (if this is the exit strategy).

If exiting care, the guardian and caseworker should provide adequate and appropriate information and must make the child or young person aware of changes in residence (if exiting care), rights and obligations, and relevant protection

The guardian and caseworker should refer the child or young person to available social welfare services. They should also create links with community services and in general assist the child or young person in creating a social safety net that could support him or her and ensure a smooth transition to independent life, with particular consideration to issues such as: education opportunities, language and vocational training courses available, healthcare provision and rehabilitation services, social contacts and bonds with the local community.

If the child or young person will transition to a supported independent living arrangement, the caseworker and the child or young person should develop a case plan to support them in developing their capacities. Thereby allowing them to acquire and strengthen the skills necessary to become independent, responsible, and active in society. The individual case plan should enable the child or young person to pursue social integration, personal and cultural development, and their needs in relation to housing, health, education, vocational training and employment. Where the child is transitioning into another placement (i.e. supported independent living) the case file will remain open and updated to reflect the child or young person's new placement. The DCS should update the CPIMS accordingly.



Introduction to Foster Care

The Children's Act (2001) defines foster care as, 'the placement of a child with a person who is not the child's parent, relative or guardian and who is willing to undertake the care and maintenance of that child for a period up to 12 months, subject to renewal.' Foster care is currently conducted both formally and informally in Kenya. The objective of the SOP is to standardize and formalize foster care practices to ensure they are of the highest possible quality and to uphold the best interests of the child.

Types of foster care and duration of placement

Emergency foster care: Where a child needs rescue in an emergency case and is placed with a pre-selected, vetted and qualified emergency foster parent (also known within the legal framework as a 'fit person') the emergency placement is only "for up to six working days 'unless the terms of foster parent registration have been revised to be consistent with the placement'¹⁷. The placing authority may request an extension of up to two months to comprehensively asses the case¹⁸.

Some case management processes may be conducted rapidly in situations of emergency but rigorous and standardized case management should still be conducted once the child is safe in an emergency placement. It should commence no later than six days after placement. For example, the process may move quickly from identification, to approval and placement, but once the child is safe in the emergency placement, the caseworker should go back to do more thorough child assessment, tracing, family assessment etc. No child should be placed in emergency foster care without the explicit approval of the SCCO.

Short-term foster care: The Children's Act (2001) states that a first foster care placement shall be reviewed at 12 months. A rigorous case review process determines whether the child should remain in the same placement for a period not exceeding 24 months or placed into a permanent care or long-term foster care arrangement.

Long-term foster care: Long-term foster care is placement of a child under foster care for a period exceeding three years and must be certified by the court. 19 It is not currently provided for within the legal framework (Children's Act, 2001) as it was envisaged that relatives would be located within the first years of placement and that family strengthening services would be provided to ensure the child is reunited with the family. Long-term foster care should only occur where tracing has failed to locate relatives and permanent alternatives are not available or are not in the best interest of the child. Despite this, many children placed in foster care remain in the placement until they attain 18 years of age. Where this occurs the DCS should determine how to formalize that placement by applying to the court for extension of foster care until the child is ready to live independently.

Community-based group foster care: Community-based group foster care is defined as placement of a group of not more than six children in rented houses within the community. It is similar to a SIL group home but rather than providing support from outside the home, a caregiver lives within the home. It is not provided for in Kenya's legal and normative framework.²⁰

Children who qualify

Children could be placed in foster care after exiting residential care, from other forms of alternative family-based or community-based care, or from their biological parents. Children who are:

- Double orphaned;
- Abandoned;
- Separated from parents due to detention or emergency, where the child is unable to live with the extended family including those living or working on the street and those whose parents are certified to be terminally ill or mentally incapacitated;
- At risk of being placed in institutional care because the family is unwilling or unable to care for him or her (especially children under three years of age and children with disabilities; and
- Unable to live with parents or extended family in his or her best interests, including children who experienced physical, sexual or emotional abuse, exploitation, or neglect.

Persons who may qualify as foster carers

Foster care-givers should be as diverse as the children who require foster care. The Children's Act (2001) requires that foster care-givers:

- Must be Kenyan citizens living in Kenya (as a foster child cannot be taken outside of Kenya);
- Must be at least 25 years of age;
- Must be at least 21 years older than the child;
- Can be a single individual or a couple but a single individual can only foster a child of their own gender;
- Must not have a criminal record; and
- Must be of sound mind.

Documentation

The form which is used by statutory authorities to recommend and approve the placement is found in the Foster Care Rules (2001) including forms FC 1, 2, 3, 4 and 5.

The case management forms and supporting documentation required for foster care can all be found in the CM Guidebook and Toolkit (2019). Additional documentation which may be required from the foster care-giver include:

- A Police Clearance Certificate;
- Two character reference letters; and
- An approval certificate from DCS.





Foster carers should be as diverse as the children who require foster care.

Foster Care SOPs

The following steps describe the relevant procedures in the establishment and support of foster care placements. These procedures should be utilized together with the CM Guidebook (2019).

Child identification, child assessment and family tracing should take place guided by SOP 1, 2, and 3 of the CM Guidebook (2019). Only when these steps are complete can it be determined that a child is in need of alternative care.

	Purpose	The purpose is to identify children who are in need of alternative care and who may fit the eligibility criteria for foster care. Additionally, identification may give an initial indication of which form of foster care may be most suitable to meet the needs of the child.
	Guiding Notes	Children should only be placed in foster care when separation from family has already occurred, or removal is deemed necessary and, in the child's best interest by a statutory authority (SCCO with recommendation from the ACC) and when foster care is deemed to be the most appropriate or suitable form of alternative family care for the child.
	Outcomes	Children or young persons without parental care, who meet the foster care eligibility criteria, are identified.
Identification of the child	Actions	Any actor may identify a child in need of alternative care, for example, community volunteers, religious leaders, police, hospital staff etc. These actors should immediately refer the case to a caseworker / ACC / SCCO who will then conduct identification as per SOP 1 of the CM Guidebook 2019. The SCCO (or caseworker) will: Open a case file for the child. Rapidly assess the immediate risks to the child and need for alternative care for the said children or young person. Coordinate the referring actor and other community actors relevant to the case to conduct rapid tracing (to determine if kinship care is an option, before considering foster care, as per principle of retaining child within the care of relatives whenever possible). Review the eligibility criteria and whether foster care could be a suitable option for the child or young person. If confirmed that alternative care is necessary, the SCCO will enter the child's name into the alternative care register and the CPIMS. Where the risks to the child in their current setting are high and require immediate placement into an emergency foster care. A full assessment of the child's needs (to guide which kind of placement may be suitable for the longer term) should be conducted within one month of placement. ²¹



	Purpose	The purpose of child assessment is to identify the unique strengths and needs of the child. These will guide the caseworker to determine which form of care will be most suitable to meet their needs and uphold the best interest of the child.
Assessment	Guiding Notes	The assessment process should be led by the caseworker, with strong collaboration and coordination with other actors if any (including the child's current primary caregiver).
Child Asses	Outcome	A complete assessment of the child's unique strengths and needs. This will ultimately be used to guide the process of placing them with a suitable foster care-giver who will best be able to meet their needs.
J	Actions	 The caseworker should conduct child assessment in accordance with SOP 2 of the CM Guidebook (2019). Specifically, the caseworker will: Meet directly with the child to conduct the assessment, as well as adults around or known to the child who may be able to provide additional information. Complete the child assessment form and include in the case file.

The purpose of tracing is to establish if the child or young person have any known relatives (thus future possibilities of reunification). If there are no known relatives they should plan for a long-term placement.

The purpose of family assessment is to gather in-depth information on the family's structure, dynamics, circumstances, strengths, needs (health, education, income, child protection issues), and views around caring for the child. Family Assessment will help to determine the family's willingness and ability to provide care and protection for the child.

Guiding notes

Even where a child is in need of alternative family care (or already placed in alternative care), a child's biological parent(s) and relatives should be traced and assessed. Ideally, contact should be facilitated between the child and their parents and relatives, and reunification to biological family explored. Family tracing should continue throughout a child's placement in foster care until all leads for family members are exhausted.

At least six months of tracing must be conducted, and all tracing efforts documented, before it can be deemed that a child has no known relatives.

The family assessment may give an initial indicator of the duration of the foster care that the child may require (i.e. emergency, short term or long term), based on the complexity of the issue which caused separation. The full engagement and participation of the family is required, the willingness of all members of the household is critical to the sustainability of reunification.

Outcome

Child or young person's place of origin, parents (if alive) and relatives identified and notified of the intention to assess and explore reunification. The caseworker may also certify some of the information given by the child and gather other missing information. Or it is confirmed that the child or young person has no living parents or known relatives.

The family assessment will provide information that can be used to determine whether or not placement of the child or young person with located parents or relatives should be pursued, based on the family's ability and desire to care for, and meet child's/young person's needs. The assessment will also highlight issues that must be addressed before placement as well as the availability of services that can assist in building on the strength and addressing identified needs.

Actions

The caseworker will conduct tracing according to SOP 3 of the CM Guidebook (2019):

- Caseworker plans a visit to the child's place of origin (if it is known).
- Where phone contacts for parents/relatives are available, the caseworker makes calls to schedule a visit.
- Caseworker notifies the SCCO and/or area Chief.
- Caseworker visits and interviews the parents (if alive), other relatives, neighbors, and area Chief
- Caseworker fills tracing form and files in the child's case file.
- Caseworker updates the child's information in the CPIMS

The caseworker will conduct family assessment according to SOP 4 of the CM Guidebook (2019).

- Based on tracing findings, caseworker should assess all possible options (using one Family Assessment Form per household); this will provide the basis for later determining the most appropriate household to care for the child.
- During assessment, the caseworker should provide the prospective households with information to help them understand their role as carers so as to determine their informed willingness.
- The broader community may also be involved to verify information about the household.

	Purpose	Foster care-giver identification and recruitment aims to identify people who might be interested in becoming foster parents. This provides them with basic information about foster care, and to refer them to the next steps of the process toward becoming a registered foster care-giver.
	Guiding notes	Foster care-giver identification and recruitment activities should occur at village, sub-county, county and national levels through a range of awareness raising strategies and forums. Activities should target diverse individuals who may be interested and suitable to care for a diverse range of children. Diversities would include for example, age, ethnicity, ability, location, sibling groups etc.
		For efficient use of resources, and to reach a diverse pool of candidates, identification activities should be streamlined whenever possible into existing campaigns or community gatherings or structures (e.g. Chief's barazas, nyumba kumi meetings, religious gatherings).
		All efforts should provide information about eligibility requirements, the application process, and allow interested individuals to ask questions and seek more information.
Foster Carers	Outcomes	Creation of awareness about foster care, demystifying the misinformation about foster care and identification of a diverse pool of prospective foster care-givers and families who are willing to receive and care for children in emergency situations, for short-term placements, or for long-term placements. Generating a register of prospective foster care-givers who have expressed interest.
Identification / recruitment of prospective Foster Carers	Actions	 SCCO, shall work closely with child protection partners such as Social Development Officers, ACCs, CPVs, chiefs, teachers, hospitals, NGOs, CBOs, FBOs, adoption societies and other relevant community structures in the identification and recruitment of prospective foster parents. Identification and recruitment activities should be conducted regularly following the below: ACCs, CPVs, NGOs, CBOs, religious institutions, chiefs, and other key community leaders should continuously disseminate information about foster care as part of their routine activities. This can include the distribution of posters, flyers etc. which provide basic information alongside contacts and directions to the SCCO for interested prospective foster parent(s) or families for further information. SCCO may organize forums for targeted groups, especially to recruit specialized foster parent(s) (e.g. teachers, counsellors, nurses) for specialized groups of children (e.g. children with special needs). The SCCO and caseworkers will prepare and conduct awareness sessions on foster care, providing foster care-giver(s)/family eligibility requirements, the expected responsibilities of the role (including the differences between emergency, short, and long-term care-givers) These can be conducted for individual prospective care-givers/families, or for multiple prospective care-givers/families at a time. Caseworker will compile a list of care-givers/families willing to proceed with the foster care process. Caseworker will share application form I and II (Children's Act, 2001, Rule 3) with prospective parent(s)/families, support them in completing, and return duly filled in and signed copies to the SCCO office. The SCCO office will enter all individuals who have expressed interested into the CPIMS (this data will be help, to monitor interest levels in foster care). SCCO (or delegated casew

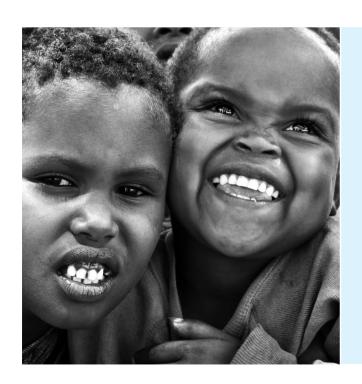
	Purpose	The objective of the assessment of prospective foster family is to determine their suitability to provide foster care services. It is also to identify potential categories of children who may benefit from receiving care within the family.
Assessment of Prospective Foster Carer/s/Family	Guiding notes	Assessment should be conducted in accordance with SOP 4 of the CM Guidebook 2019. Assessment will involve all members of a household, not only the individual identified to be the primary foster carer. What is expected of a prospective foster carer's(s')/family during assessment All members of the household will be actively involved in the assessment and provide honest responses. The individual/household members will support the caseworker to contact other individuals for verifying information or to seek additional information about the individual/household. Prospective foster carers have the right to give feedback about the assessment to the immediate supervisor of the assessor. What is expected of the SCCO (or delegated caseworker) during assessment To conduct all assessments without discrimination. To conduct timely assessments (recommended within 30 days of identification). To document the assessment and share it with the prospective foster carers for correction of any inaccuracies before it is presented to the ACC. To explain to the prospective foster carer/family what to expect after presenting the assessment to the ACC and the timeframes. To maintain confidentiality and professionalism during the assessment process, safely store hard copy documentation of the assessment, and capture the data in the CPIMS.
Assessment	Outcomes	 The assessment provides an overview of: Household composition and health status. Sources of income, stability to provide for the child's basic needs and the need for material support. Any prior experience of fostering. Description of the household. Motivation: reasons for wanting to foster. Ultimately, the assessment will provide an indication of the suitability of the person or family to foster and the categories of children who would best benefit from receiving care within this family.
	Actions	 The SCCO (or their delegated caseworker) will: Conduct the assessment in accordance with SOP 4 of the CM Guidebook (2019), using the Family Assessment Form of the CM Toolkit (2019), including several home visits. Once a prospective foster parent has been assessed and is confirmed to meet the set eligibility criteria, the SCCO (or delegated caseworker) shall complete a foster parent application form (Form NO. FC 1). The SCCO (or delegated caseworker) will prepare the case file for presentation to the ACC.

	Purpose	Training is intended to equip foster parents with basic knowledge and skills to fulfil their roles and responsibilities as foster carers. Completion of foster care training is a requirement for being approved as a foster parent.
	Guiding notes	Capacity strengthening for prospective foster carers/families can be delivered through one-on-one coaching and mentoring between the caseworker (i.e. SCCO, foster care agency and other partners) and the foster parent(s)/family, or through formal trainings (delivered by the DCS or their partners), as they may be available.
		Capacity strengthening for prospective foster parents will follow pre-screening and an initial home assessment visit. Further, follow-up capacity strengthening efforts (coaching, mentoring and training) will be provided after completion of assessment and at regular intervals, after a foster parent/family is approved and placed with a child. Given that foster parent(s)/families may care for numerous children over time, capacity strengthening will be a continuous process to meet the changing/unique needs of each child placed.
city Strengthening with Prospective Foster Carer/s		 Topics for capacity strengthening will include but are not limited to: Overview of foster care including their roles and responsibilities (information about the temporary nature of foster care and that the ultimate goal is to find a permanent placement for the child, whether a reunification, kinship, or a form of permanent alternative family). Child protection: prevention and response to violence against children. Positive parenting, throughout children's developmental stages, components of caregiver self-care and stress management. Making and using a memory book.
ngthening wit		As a minimum standard, before approval can take place, the prospective foster carer must have completed the overview of foster care module, child protection module, and the first three sessions of the positive parenting module. The remaining positive parenting sessions and memory book module can be completed after approval.
Capacity Stre	Outcomes	On completion of each topic (whether delivered via coaching/mentoring or formal training), foster parent(s)/families should be issued with a certificate confirming their completion and be registered in the CPIMS.
o	Actions	The DCS in collaboration with foster care agencies and other strategic partners involved in childcare and protection, should develop standardized modules on the above listed topics. These can be delivered either via one-to-one coaching or via formal trainings in small groups. Curricula should be simple enough to be easily understood by a range of prospective foster parent(s)/families (who may have a range of literacy levels) and also be made available online, so that it may be widely used and disseminated. SCCOs should issue certificates of completion.
		Where formal trainings are provided by the DCS or their partners, local community venues should be considered (e.g. community social halls, schools, religious venues etc.). ACCs, CPVs and Chiefs should assist in identification of such venues. Caseworkers should focus on continuous capacity strengthening with foster parent(s)/families before, during and after a child is placed in their care, as provided in the case plan. Caseworkers should also connect foster parents to each other for peer-to-peer sharing, learning and support, to promote self-care and avoid burn out.

	Purpose	To formally approve an individual/family to provide foster care services and to register them in the CPIMS as ready and available to provide care when a child is in need.
	Guiding notes	Only individuals/families who have successfully completed assessment and capacity strengthening are issued with a registration certificate.
arer/s	Outcomes	All approved prospective foster families will be registered in the foster care registration form and CPIMS as having been approved and be issued with approval certificates by the SCCO.
Approving and registering Foster Carer/s	Actions	 The SCCO or delegated caseworker should prepare the prospective foster parent(s) to meet the ACC, explaining what to expect of the meeting, questions which may be asked, and their right to appeal if they are not satisfied with the decision made. The ACC will follow the processes outlined in the Gatekeeping Guidelines (2021) to review the prospective foster parent's(s') assessment and decide whether they meet the eligibility criteria. If the foster parent(s) are approved by the ACC, they will be required to sign the DCS foster carer code of conduct (declaring they will refrain from committing any act of harm to the child or young person nor will they allow or fail to report any act of harm, whether by omission or commission by any other person to the child or young person under their care) and child safeguarding policy, which will be provided by the ACC. The SCCO on behalf of the ACC will then issue a certificate of approval and register the foster parent/family in the foster care registration form and CPIMS. If the foster parent(s) are not approved by the ACC, the reasons for this will be issued in writing. The prospective foster parent(s) have the right to appeal; guidance on this process can be found in the Gatekeeping Guidelines (2021).
	Purpose	The objective of matching is to identify the most suitable foster placement for a specific child who has been identified and assessed as needing care. A successful match is based on the holistic compatibility of the prospective foster family and the child or young person.
Matching the child with Foster Carer	Guiding notes	Decisions about matching children with foster parents should be made carefully, in full consultation with the child or young person, family members (where they are known, and it is appropriate), caseworkers, SCCO and ultimately approved by the ACC (or SCCO on behalf of ACC in cases of emergencies). The matching process may differ depending on the case and type of foster care. In 'typical' situations, a child's file will be presented to the ACC for consideration against several prospective foster parents. The ACC will be guided by the Gatekeeping Guidelines (2021) to decide which family is most suitable to meet the child's needs. However, in emergency situations, the process is likely to be more rapid. The child may be removed from the emergency situation and be simultaneously matched and placed with a pre-qualified foster care family, based on their availability to provide emergency care.
		Siblings should not be separated unless it is determined to be necessary and in their best interest.
	Outcomes	The child is matched with suitable foster parent(s) who can best meet their needs and nurture their wellbeing.

	Matching the child with Foster Carer	Actions	 The SCCO or delegated caseworker presents the case files of the child or young person and several prospective foster parents to the ACC. This is accompanied by a recommendation and rationale for each of the prospective foster parent(s) and the one that they believe to be best suited to meet the needs of the child. To make a decision, the ACC will follow the protocols outlined in the Gatekeeping Guidelines (2021) and consider: Child's/young person's strengths, needs, preferences, linguistic, cultural, ethnic and religious heritage, health status, ability, education level etc. Composition of the prospective household and its proximity to services required by the child or young person. Foster parent's(s') preferences (where relevant), including their desire to care for siblings (in the case of a sibling group, noting that wherever possible, siblings should be placed together), their capacity to care for a child with special needs, their capacity to care for children of different ages and/or gender to their own children (where applicable), etc. Upon selecting the most suitable foster parent(s), the SCCO will prepare the Foster Care Placement Form, to be co-signed by the foster parent(s) and SCCO.
	Case Planning	Purpose	The purpose of case planning is to set clearly defined goals and actions to meet the child's immediate and long-term care needs, including a plan (i.e. reunifying the child with the parents where possible or to other permanent alternative options, including living independently).
		Guiding notes	The case plan should indicate the work being done with the child or young person, foster family and the child's wider family, including preparing relatives for the reunification if that is the permanency plan.
		Outcome	One case plan for the child or young person and the foster household, and one case plan for the child's biological parent(s)/kin/other placement which is being considered for permanency.
		Actions	 A case plan should be developed using SOP 5 of the CM Caseworker's Guidebook (2019). Goals for reunification to parent(s), or kin, or placement within another permanent care arrangement should be included from the beginning. Actions toward achieving these goals may include family strengthening activities with the parent(s)/kin and preparation of the child for reunification, including bonding visits.

	Purpose	The purpose of preparation is to ensure a smooth transition of the child into the approved foster care placement.
Į,	Guiding notes	 The child or young person must be prepared for any placement in foster care, though the degree of preparation will depend on the nature of their circumstances i.e. there may be less preparation in emergency cases. The child or young person must also be prepared for any future placements, e.g. from emergency to short-term/long-term placement. Foster parent(s)/families must equally be prepared for each new child being placed with them.
fam	Outcomes	Both the child and foster parent(s)/family feel ready for placement.
Preparation of child and family	Actions	Child and family preparation should take place according to SOP 7 and 8 of the CM Guidebook (2019). This will minimally include exchanging photos and letters or bonding visits to the household (where possible) meeting all household members, showing the child the household routine, where they will sleep, where they can keep their belongings, where they will go to school, etc. Additionally, preparation may include making referrals to service providers according to SOP 9 of the CM Guidebook (2019).
<u>.</u>		In emergency situations, it is acknowledged that bonding visits are not often possible. It is therefore critical that the caseworker explains to the child or young person what is happening, what to expect, the reasons why (to a level appropriate to their evolving capacity) and provide as much reassuring information about the foster family as possible.
		Where preparation has been ongoing, including visits to the household, and the child or young person and foster parent(s)/family's relationship does not appear to be evolving (i.e. the child does not appear to be bonding with or attached to the family), the caseworker should present the case file to the SCCO for re-matching.





Foster parent(s)/ families must equally be prepared for each new child being placed with them.

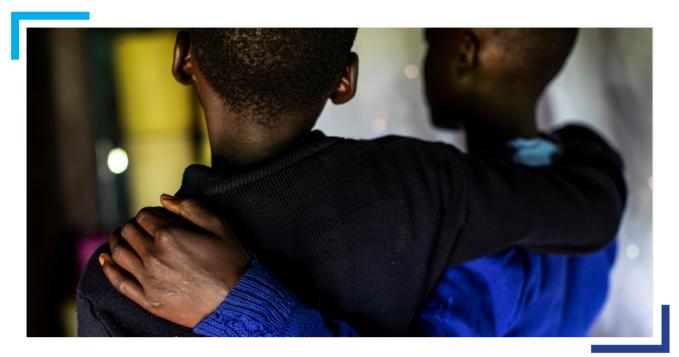
	Placement approvall	Purpose	The placement approval is the final, legally binding decision that a child will be placed, for a specified duration, with a pre-approved foster family which has been assessed for suitability to care for the specific child or young person, matched, and gone through the process of preparation for placement (including bonding).
		Guiding notes	The final placement approval should confirm the necessity of the proposed placement, the suitability of the proposed placement, and that the proposed placement is in the best interest of the child.
		Outcomes	The child or young person's placement with the foster family for a specified duration is approved.
		Actions	 Following the matching and preparation processes, the caseworker will present a summary of the child and foster family's case files to the ACC to demonstrate that: The child needs alternative family care (i.e. the placement meets the principle of necessity). The preparation and bonding phase has progressed well. Both the child and family are ready for placement. The ACC will follow the decision-making protocols outlined in the Gatekeeping Guidelines (2021), either approving the placement or denying and recommending that alternative family care options should be sought. Where the placement approval is granted, the SCCO will register the placement in the CPIMS as having been approved. If the recommendation is denied, the ACC will communicate their reasoning in writing to the caseworker, foster family and child or young person (as age appropriate). The foster family may request for the reconsideration of the decision by the ACC (see protocols in Gatekeeping Guidelines, 2021). The caseworker should help the foster family to navigate that process (for example, perhaps additional preparation may be needed). If the foster family accepts the denial (i.e. doesn't request the ACC to reconsider their decision), the caseworker should begin to explore alternative foster families.
	Placement	Purpose	The purpose of placement is to physically take the child to the foster parent(s) home.
		Guiding notes	All efforts should be made to support the child on the day of placement, according to the actions outlined in the case plan. These should guide the details of the day. For example, the date and time of placement, how the child will be appropriately sent off from their current home, who will accompany the child to the new home, transport means, which belongings the child will carry with them, how they will be welcomed at the new home, etc.
		Outcomes	The child is welcomed at the foster parent home and supported to comfortably settle in.
		Actions	The placement of a child in foster care is to be conducted in accordance with SOP 10 of the CM Guidebook (2019). The placement date and time, as well as transport means, should be outlined
			 in the case plan before placement (except in emergency situations where this is not possible). At minimum, the caseworker should accompany the child on the day of placement and the child should carry their personal belongings with them. During preparation, the child should have already met all members of the household, be shown the daily routine, where they will sleep, etc. (this will not always be possible in cases of emergency placement).

	Purpose	The purpose of monitoring is to offer ongoing support and evaluation to ensure that the placement remains in the child's best interest and ensure that their needs are being met. Monitoring also provides a chance to strengthen the family where the child or young person is anticipated to transition to a permanency plan. It also strengthens the sustainability of activities in the case plan.
	Guiding notes	 Given the temporary nature of foster care, it is critical that monitoring is conducted frequently throughout the duration that the child or young person is placed in foster care. Monitoring should be conducted alongside other processes that focus on preparing a permanent placement for the child or young person. For example, tracing of parent(s)/relatives, assessment, case planning and family strengthening interventions to the household intended to provide permanent care.
Monitoring	Outcomes	The child's wellbeing is monitored, the necessity and suitability of the placement is monitored in an ongoing basis, and any necessary support is rendered in a timely manner as needs emerge.
Σ	Actions	 See, SOP 11 of the CM Guidebook 2019. For emergency placements (i.e. six days, with option to extend up to one month): The SCCO or delegated caseworker should monitor the child and foster family weekly. For short-term placements (i.e. up to three years, reviewed yearly): The SCCO or delegated caseworker should monitor the child and foster family once a month for the first three months followed by quarterly visits. For long-term placements (i.e. after three years, until the child is 18 years of age): The SCCO or delegated caseworker should visit the child and foster family quarterly for the first one year of extension and then annually. The caseworker should equip the foster parents with contacts for the caseworker, the SCCO and other professionals surrounding them who can be contacted should emergencies arise with the child or young person, between monitoring visits. The SCCO may also organize impromptu/ad hoc home visits to the foster home, to ensure they are monitoring the realities of the home situation. The caseworker should speak with neighbors, teachers and religious leaders among others, who interact with the child regularly.
eview	Purpose	Case review provides an updated holistic evaluation of the child's/young person's wellbeing and the ongoing necessity and suitability of the child's placement in foster care. If the permanency plan is that the child will reunify with biological parent(s)/relatives, the case review will also evaluate the progress made by the biological parent(s) in preparation for the child's/young person's reunification.
Case review	Guiding notes	The case review should be holistic for both the current foster care placement, and the placement that is being considered for the exit plan/permanent placement of the child or young person, i.e. the caseworker must review the progress made towards plans for reunification with biological parent(s)/kin, supported independent living, adoption or other placement aimed for the child to live in the long term.

	Outcomes	Case review results in a holistic understanding of the child's wellbeing and the ongoing necessity and suitability of their placement in foster care. An accompanying updated case plan, with goals and actions that will help progress towards the exit plan/permanent placement for the child.
Case review	Action	The caseworkers should conduct a case review according to SOP 12 of the CM Guidebook, 2019. Given the temporary nature of foster care, case reviews should minimally be conducted on a quarterly basis for short and long-term placements and more frequently for emergency placements.
Cas		The case review can be conducted through a meeting between the caseworker, foster family and child or young person. Where a more formal case conferencing approach is preferred, the case conference should be chaired by the SCCO (or delegated caseworker) and include the child or young person (depending on their evolving capacity), the foster family, any other key professionals involved in directly supporting the child or young person and the child's biological parent(s)/relative (where possible and appropriate).
	Purpose	Case transfer occurs when the child or young person in foster care is assessed and found suitable to move towards their permanency plan, that is, the child or young person will be reunified with parent(s)/kin or placed in another permanent option (that is, supported independent living or adoption).
	Guiding notes	It is critical that both the child or young person and foster parent(s)/family are prepared for the case transfer; it should not take place abruptly. For the child or young person, proper preparation will allow them to transition more smoothly into their permanent placement. For the foster parent(s)/family, it will allow them to appropriately detach themselves from the child or young person as well as increase their likelihood to continue as a foster carer in the future.
Ŀ.		Case <i>closure</i> should only occur when permanency or sustainable reintegration has been achieved. Therefore, case closure does not occur within foster care, only case <i>transfer</i> (i.e. the case must remain open, until the child or young person is sustainably reintegrated in their permanent placement). The only exception to this is if the child died whilst in foster care, a proper investigation was carried out and the matter was concluded.
Case transfer	Outcomes	The child is transitioned safely to their biological parent(s)/kin, another permanent family or community-based care setting or to live independently. The caseworker will continue working with the child or young person until they are safe and stable in their permanent placement.
	Actions	When the case is ready for transfer (i.e. both the child and the family who will permanently take care of the child or young person are prepared), the caseworker should follow SOP 13 in CM Guidebook (2019) and present the case to the SCCO or ACC for approval of transfer.
		If the ACC/SCCO approve the transfer, the caseworker should inform the foster parent(s)/family, support them and make plans on how they can emotionally detach themselves from the child or young person; this Depends on the age of the child or young person and how long they were placed with the foster parent(s)/family. Some children may benefit from maintaining contact with the foster parent(s)/family. However, this should be discussed with both the child or young person and foster parent(s)/family prior to transfer, so that each is aware of what to expect.
		Alternatively, if all efforts to reunify the child with their parent(s)/kin have failed, and the ACC/SCCO determine that it is in the child's best interest to continue to live with the foster parent(s)/family on a longer-term basis, the caseworker and SCCO will guide the foster parent(s)/family to apply for adoption (See Adoption SOP).



SUPPORTED CHILD-HEADED HOUSEHOLD



Introduction to Supported Child-headed Household

Supported child-headed households (SCHHs) are a community-based form of alternative care whereby all members of a household are below 18 years of age and a child who is 14 years of age or older⁴⁵ assumes the primary responsibility for the day-to-day running of the household, caring for other children within the household.⁴⁶ In some instances, children could be living with an ailing adult caregiver(s), but a child has assumed caregiver responsibilities due to the incapacitation of the caregiver(s).

CHHs exist and are recognized in Kenya, though the legal framework acknowledges the importance of all children growing up under parental care. The children are often siblings whose primary caregiver is incapacitated, and the siblings wish to stay living together. Children living in the household may also not be related. For example, children who

have previously lived together on the streets or in residential care and wish to remain living together, after exiting those settings. Because of stress on the child welfare system, CHHs are increasingly becoming part of our communities and hence an accepted alternative form of care and are thus attracting support from communities⁴⁷.

A relative, legal guardian, community-based volunteer, or other adult mentor should be identified to guide and support the household until the children are able to live independently. The mentor should provide direct support to the SCHH (e.g. emotional and practical support) as well as refer the SCHH to required services including case management, education, health services, material support, and life skills (household management, sexual and reproductive health, drugs and alcohol, child rights, etc.⁴⁸).

According to the Guidelines for the Alternative Family Care of Children in Kenya (2014), where the eldest child in a CHH is younger than 14 years of age, all children in

the household should be rescued and placed in another form of family-based care where an adult caregiver can provide consistent care.

Government of Kenya (2014). Guidelines for the Alternative Family Care of Children in Kenya.

Perpetua Gaciuki (2016-Vol.6, No.1): Child Headed Households, The Emerging Phenomenon in Urban Informal Settlements in Kenya; ISSN 2224-607X (Paper) ISSN

^{2225-0565 (}Online).
Perpetua Gaciuki (2016-Vol.6, No.1): Child Headed Households, The Emerging Phenomenon in Urban Informal Settlements in Kenya; ISSN 2224-607X (Paper) ISSN 2225-0565 (Online)

Ibid

Children who remain without a legal guardian are extremely vulnerable as minors are not entitled to carry out legal transactions or to act independently. Further, without a legal guardian, children's property and rights may not be protected (for example, the right to education). As such, where children reject the support and guidance of an adult mentor, DCS must consider the best interests of the children and the appropriateness of an unsupported care arrangement.

Children who qualify

Children could be placed in a supported child-headed household after exiting residential care, from other forms of alternative family-based or community-based care or from their biological parents. These can be in instances where;

- Children who are double orphaned and who choose to remain on their own in their home, where the eldest child is at least 14 years of age⁴⁹.
- Children who are orphaned or abandoned and whose relatives are not willing/able to care for them.
- Children whose parents are physically or mentally incapacitated to care for them, whether the parent(s) live in the home or elsewhere (e.g. prison, rehabilitation centre, palliative care).
- Children who are at risk of sibling separation if moved into other forms of care.
- Children who are not related but who previously lived together in alternative care settings (for example, in residential care) who exited that setting but wish to remain living together.

Adults who qualify as mentor

Any adult who:

- Lives within close proximity of the SCHH.
- Expresses a genuine interest in the child's/children's wellbeing.
- Is of good character.
- Is known to and trusted by the child or young person.
- Exhibits basic life skills which may be helpful for the child/young person or children. For example, cooking, cleaning, household budgeting, saving, participation in cultural/religious/community activities, employment, can guide the young person on opening a bank account, to get a national ID, to buy basic essentials at the market, etc.
- Is willing to carry out the responsibilities of a mentor, including regular monitoring visits, coordination with caseworker, area chief or SCCO and facilitating the child or young person's meaningful participation in community activities, to ensure they are socially connected, enhancing their emotional wellbeing.
- Understands they will not benefit financially, materially or via inheritance of property left for the children from providing mentorship.

Duration

Support and guidance should be offered at least until the eldest child in the household gains capacity to manage the family independently, or until each child member of the household is able to live independently or when a permanent solution that is in the best interest of the children is viable.

Documentation

Birth certificates of all children, Biological parent's identification (identity cards, death/burial permit) and inventory record.

The case management forms and supporting documentation required for supported independent living arrangements can all be found in the CM Guidebook and Toolkit (2019).

The form which is used by statutory authorities to approve the placement is found in the annex IV

A mentor checklist can be found in annex V, SCHH register in annex 3, and asset inventory form in annex VI.



For children transitioning from care settings, caseworkers may conduct community ties tracing.



Supported Child-headed Household SOP

The SOP sets out the relevant procedures in the establishment and support of SCHHs. These procedures should be utilized with the CM Guidebook 2019.

To determine that SCHH is an option for a child or young person, the eligibility criteria above must first be considered, **family-based care options should have first been explored and exhausted** (i.e. deemed unsuitable and not in the child's best interest through a thorough assessment) and the wishes of the child or young person must be considered.

	Purpose	The purpose of identification is to find a child(ren) already living in a child-headed household or transitioning from other alternative care options, who wish to join a child-headed household for the purpose of rendering support, to ensure all children meet their needs (e.g. physical, social, emotional, economic, legal).
Identification	Guiding Notes	CHH are often 'invisible' in many communities, so proactive effort must be made to identify them to provide support; it is important that community members are empowered to proactively identify CHHs within their communities. Child Protection Volunteers (CPVs), Community Health Volunteers (CHVs), ACC, chiefs, religious and cultural leaders, etc. must understand how to identify and register existing CHHs. These actors may also provide support (for example, referrals to critical services, material support or life skills training) and help to monitor CHHs.
ğ	Outcome	CHHs are identified to register them with the SCCO and area chief and to enable the provision of ongoing monitoring and support.
	Action	Awareness of the importance of identifying CHHs should be raised in a variety of ways, using strategies appropriate to the target communities. Caseworkers (and their agencies more broadly) should conduct both targeted (e.g. one-to-one provision of information to critical community leaders, for example chiefs, CHVs, CPVs) and broad (e.g. chief's barazas, social media) awareness raising on the importance of identifying CHHs.

	Purpose	The purpose of child assessment is to obtain initial information concerning the children's background, strengths, resources and needs. This ultimately helps determine the appropriateness of the SCHH care arrangement for each child within the household, and the range of services/support that might be needed.
	Guiding notes	For children already living in CHHs, caseworkers should recognize their strength in caring for one another until the present date. Additionally, caseworkers should be sensitive while speaking about the children's parents/previous caregivers. They should also explore any instructions/wishes former the caregiver(s) may have left for the children, which the children feel obliged to follow. All children in the household should be actively engaged according to levels appropriate to their evolving capacity. A variety of community members who know the children should be engaged as part of the assessment (for example, teachers, neighbors, chief, close-by relatives, etc.)
	Outcomes	The strengths, resources and needs of the children in the household are identified; these will guide case plan development.
Child Assessment	Actions	 The caseworker should conduct individual child assessments or all children in the household guided by SOP 2 of the CM Guidebook (2019). The age of the child heading the household must be confirmed through birth certificate or baptism card during assessment (where the eldest child is determined to be below 14 years of age, family-based alternative care options must be sought, e.g. kinship care, guardianship, foster care). If children's parents are known but found to be ailing (but can understand the process) or incarcerated, they should be engaged in the process as they might provide information not known by others (Furthermore, they are still the legal guardians of their children). If children are orphaned/parents not known, caseworker will actively engage with the child/children to identify people within their network with whom the children have an attachment, and with whom they may feel safe and happy to have guide and support them (including immediate and extended family members). The caseworker should explore the willingness and ability of the proposed individuals to provide support and guidance to the child/children. Inventories of property or assets left by parents should be recorded (if any) in the case of death; the child/children should be guided appropriately on how this property is to be managed. Referrals for identified needs which urgently need to be addressed should be conducted immediately.
	Purpose	The purpose of tracing is to locate the children's extended family (for pre-existing CHH) and ascertain relatives' willingness and ability to support the children if they remain in CHH.
Tracing	Guiding notes	 Even where child assessments indicate that the children can meet their own needs, tracing is important to strengthen connection to relatives and creating a social support network, where ties may have been previously weakened. For pre-existing CHH, the caseworker can conduct tracing through the guidance of community members or the area chief, if the children are living away from their ancestral habitual residence. For children transitioning in CHH from other alternative care settings, the child may accompany the caseworker to conduct tracing.
	Outcomes	Tracing will result in identification of relatives (if any) and give an initial indication of their willingness and ability to support and guide the CHH within their home or provide more consistent/full-time care.
	Actions	The caseworker should trace using SOP 3 of the CM Guidebook (2019). The caseworker should collaborate with the child(ren), SCCO, area chief, police, ACC (where they are established) and religious and cultural leaders who may be able to provide useful information to assist in the locating relatives.

The purpose of family-based care assessment is to assess the caregivers or the mentor and/or any other adult who is identified to be offering support and interacting directly with the children in the SCHH.

Guiding

If relatives are located and express an initial willingness to support the children by providing ongoing live-in care, an assessment should be conducted with all possible households to establish whether the proposed relatives have the capacity to care for the children. Further, whether the care would be most appropriately provided in the children's current home or the relatives household. If the latter proves to be the most efficacious, , then the CHH will transition into kinship care

If relatives are not identified, but the child assessments reveal that family-based care is required (i.e.the children's needs are not being met in the existing CHH and/ or the child-head is younger than 14 years of age), then the family assessment should assess potential guardians/Kafiil/foster families who are able and willing to take care of the children without separating them. As, separating children who have been living together could be traumatizing to them.

Additionally, where parents are alive but are temporarily incapacitated or unavailable (for example, incarcerated or in residential rehabilitative service), the assessment must establish the circumstances of their temporary incapacitation (including, for example, the cause and likely duration of absence).

Relatives should be given the priority of supporting CHH; among themselves, they may appoint several family members who may be able to provide support (this can be promoted by Family Group Discussions – see SOP 4 of the CM Guidebook, 2019). Each of these identified relatives should be assessed using SOP 4 of the CM Guidebook, 2019.

Where foster care, guardianship, or Kafaalah is to be explored, the caseworker should utilize the Foster Care SOP contained in this guidebook (section 4).

The caseworker should continue to assess family-based care options until a suitable option is found (i.e. potential guardians/Kafiil/foster families who are willing and able to meet the needs of the child).

Outcomes

Assessments of multiple family-based care options will enable a comparison of the available options, to determine which is the most suitable to provide family-based care for the children.

Actions

- Using SOP 4 of the CM Guidebook (2019), the caseworker should first assess all relatives (if they are traced), then move to assessing foster families/guardians/ Kafiil who have expressed willingness to care for the children.
- In case several relatives are identified as suitable family-based care options, the caseworker will organize a family group conferencing. This will help to garner ownership of the process and support the family in making a decision among themselves, which is in the best interest of the children (this should be guided by the family group conference guidance contained in SOP 4 of the CM Guidebook, 2019).

Actions

- The caseworker should support the children to identify adults in their community whom they can trust and feel comfortable speaking with.
- With the children's consent, the caseworker should then initiate a visit to each of the identified adult's home. First, without the children or young people, to enable frank discussions and to avoid any harm should the prospective community-based volunteer/mentor not express interest in supporting the CHH.
- After attaining an initial expression of interest, the caseworker will conduct an assessment with the prospective mentor/community-based volunteer, using the mentor checklist (in annex ...). Expectations of the prospective mentor should be discussed and the prospective mentor should be given an opportunity to ask questions about the role of a mentor broadly. The responsibilities include:
 - Regularly monitoring the SCHH, confirming all children in the household have their basic needs met (including food, safety, education, health, legal protection, etc.) and provide feedback to the caseworker, area chief or SCCO as requested
 - Coordinate the identified community volunteers to ensure children are provided with holistic, daily practical support (e.g. household chores, ensuring school attendance, care for children when sick, etc.)
 - Where monitoring visits reveal the children's needs are not met, the mentor is to report to the caseworker, area Chief, or SCCO, to request linking the children to necessary support and services.
 - To encourage and facilitate the children's meaningful participation in community activities, ensuring they are socially connected and enhancing their emotional wellbeing.

With the prospective mentor's permission, the caseworker will discuss the mentor's suitability to act as a mentor with the area Chief and a religious or other community leader who the mentor is known to.

It is recommended that the mentor and all community-based volunteers, who express interest and are deemed suitable to support the CHH, are mobilized; the more supportive adults who surround the CHH, under the coordination of the mentor, the more protected they will be.

guardianship etc, using the other SOPs in this guidebook.



Siblings should not be separated, unless there is a strong case presented that it is in their best interest



	Purpose	The purpose of preparation is to ensure a smooth transition of the children from one care arrangement to the next, i.e. smooth placement into the SCHH arrangement.
	Guiding notes	Preparation is required only where the SCHH is a new arrangement (i.e. children are moving from another care arrangement into SCHH); hence, preparation may not be required where the SCHH was pre-existing unless there will be any changes in the living arrangement (i.e. this step should be skipped where the SCHH is pre-existing). The children, mentor and community-based volunteers should be prepared for the placement.
	Outcomes	Children in the SCHH are prepared for the new care arrangement and feel comfortable transitioning into their new home, where they will receive support from the mentor and community-based volunteers. The children will also have realistic expectations of the new care arrangement. The mentor and community-based volunteers know each child better, have attained a practical understanding of their support needs and understand their specific responsibilities in providing support to the SCHH.
Preparation (child and family)	Actions	 Child preparation should be conducted in accordance with SOP 7 of the CM Guidebook (2019). Where the mentor and/or community-based volunteers are not yet well-known to the children, the caseworker will organize an introductory meeting and create opportunities to continue meeting, so that they get to know each other better. The caseworker should facilitate "get to know each other" discussions first in the children's current care setting, then within the community where the children will be placed, including their household and potentially also at the mentors' or volunteers' homes so the children know where to find them. The mentor and volunteers should also accompany children on different visits to other parts of the community. For example to their new school, the market, church/mosque etc. Doing practical activities to prepare the children together will help the children understand that the mentor and volunteers are close by and available to support them. These meetings should continue until the children express that they feel comfortable with the mentor and volunteers and are familiar with the new community. Mentor and community-based volunteer preparation should be conducted in accordance with SOP 8 of the CM Guidebook (2019). The caseworker should ascertain if the mentor and volunteers feel they need more information about the SCHH and the arrangement (ensuring they are clear on their responsibilities) or information on specific topics that might help them to better support the children (i.e. referral services that are close by, how to report any protection concerns, child-friendly communication, etc.). The mentor and volunteers should also be linked to each other, so they can coordinate well among themselves.

		Purpose	Placement will be applicable only for children transitioning from other care settings (i.e. this step should be skipped for pre-existing CHHs). The purpose is to physically move the children into their SCHH home, to commence living within the community.
	Placement	Guiding notes	The day of physically moving from one care setting to another can hold critical importance to children. Attachments and routines will be left behind and must be reformed. It is critical that this day, which will be felt significantly by the child or young person, is treated as appropriately significant and recognized by relevant people around the children. The primary caregiver in the current care setting, caseworker, mentor and community
			volunteers are of critical importance and should all be involved in the planning of the placement day; ideally, they should all be available on the day.
		Outcomes	The children feel supported in the physical transition into their new home and have clear expectations of next steps.
		Actions	The caseworker will facilitate placement according to SOP 10 of the CM Guidebook 2019. They should accompany the children on the day of placement while the mentor and community volunteers will be waiting to receive the children in the home. Ideally, the day should be acknowledged and celebrated within the children's current care setting, as well as at their new living arrangement. For example, perhaps a small farewell celebration can be conducted at the current care arrangement, or a small gift as a token memory can be provided. At the new home, perhaps the mentor and community-based volunteers can come to greet the children and help them to settle in.

The purpose of monitoring is to provide on-going support and assessment to ensure that the arrangement is still in the children's best interest and that their needs are being met. Monitoring also provides a chance to strengthen the capacity of the SCHH, their relationship with their mentors and community-based volunteers and the sustainability of various activities in the case plan.

Guiding notes

Where the CHH arrangement was pre-existing, monitoring should be a process led by the children or young people, who can identify the type and frequency of support they desire and deem useful. Respect must be given to their wishes and growing independence. Expectations around monitoring should be agreed upon by the children or young people, mentor, community-based volunteer and caseworker. The children or young people, their mentor and community-based volunteer should understand the importance of monitoring and agree to monitoring modality (i.e. home visits, calls etc.) and schedules.

For children transitioning from other care settings, monitoring should take place no less than once per week and daily calls for the first month after placement and every fortnight thereafter (unless there are protection concerns in which case monitoring should occur more frequently). The frequency of visits will be reassessed during case review.

Support and guidance should be provided by the caseworker to the mentor and community-based volunteers, to ensure that they are able to fulfil their responsibilities as outlined in the case plan, to mediate any problems arising and to track their ongoing commitment to support the SCHH.

Outcomes

Monitoring visits ensures that the children are well cared for and settled in their household and assesses whether the arrangement is still in their best interest. Visits also help in establishing new strengths and needs of the household for further action.

Where the placement is temporary, plans for a more permanent placement must be developed with the children and family (with necessary guidance from the SCCO), and included in the case plan.

Actions

Monitoring should be guided by SOP 11 of the CM Guidebook (2019).

- Monitoring visits should be conducted by the caseworker and mentors (either together or separately) with support from the community volunteers as needed. It will be important that each of these actors is aware of when visits are taking place and their required involvement (this will require strong coordination by the caseworker. It may be easier if done through a WhatsApp group or other similar platform which comprises of the mentor and volunteers, so they can be easily reached).
- The caseworker will provide the mentor with monitoring forms (from the CM Toolkit, 2019) which, together with the community volunteers, they will complete for each interaction with the SCHH.
- The caseworker will file completed monitoring forms in the children's case file.
- Alternatively, the caseworker can phone the relevant mentor or community-based volunteer to request for updates and complete the form themselves.
- The caseworker should coordinate with the SCCO/ACC where protection risks are identified.
- The caseworker should endeavor to meet the children or young people, mentor and community-based volunteers together and separately, to enable them to speak openly about their relationship and express any difficulties or concerns.
- The caseworker should provide support through mediation, where needed.
- Each monitoring visit should include a discussion of the next monitoring visit.

	Purpose	The purpose of a case review is to do a holistic evaluation of the progress made toward reintegration to date. Progress against the case plan will be reviewed, as well as against key reintegration benchmarks. New resources and needs that have arisen since the original assessment may also be identified. Once case plan goals and benchmarks have been achieved, this is an indicator that the reintegration is sustainable and the case may proceed to preparation for closure.
	Guiding notes	The children's, mentor's and community-based volunteers' meaningful participation is essential in the review process.
Case review	Outcome	A completed case review form which can be used to evaluate how the case is progressing toward sustainable reintegration, and to guide further targeted goals and actions (for the domains which are not achieving appropriate scores) that may be needed to achieve reintegration. These new goals and actions will be noted in the case plan.
	Action	The case review should be conducted in accordance with SOP 12 of the CM Guidebook 2019. Generally, the caseworker should coordinate a case review twice per year. However, if circumstances change significantly for the SCHH (for instance, an ailing parent recovers or dies, a parent is released from incarceration, placement with a relative becomes possible and appears to be in the best interest of the child), the caseworker should initiate the review immediately.
	Purpose	To ensure that the household is able to continue caring for themselves (with continuous support from the mentor and community-based volunteers) without formal case management support.
Case closure	Guiding notes	 Case closure in the context of SCHHs is appropriate where: The child-head has attained an age of majority and is in a stable position to care for his or her siblings. Note: if the child-head leaves the household, the caseworker must continue case management. The SCHH could be considered as having transitioned to a kinship care arrangement if the child-head attains the age of 18 and is able to care for the other children in the household. All children in SCHH have attained at least the age of majority, are well integrated in their community (as reflected during case review) and are ready and able to live independently. Parent(s) can resume parental responsibilities, have been guided and supported to do so, and there are no signs of protection issues. Given that the mentor and community-based volunteers reside close by to the SCHH and have formed strong bonds with the children in the household, it is recommended that their relationships continue after closure, with a lessened level of responsibility for the wellbeing of the children.
	Outcome	All children in the household are safe, well and feel confident to meet their own needs independently, without the support of case management.
	Actions	Closure should be conducted guided by SOP 13 of the CM Guidebook 2019.
		The caseworker should present the final case review to the SCCO/ACC, who will review the case and either approve the closure or make recommendations for further support.

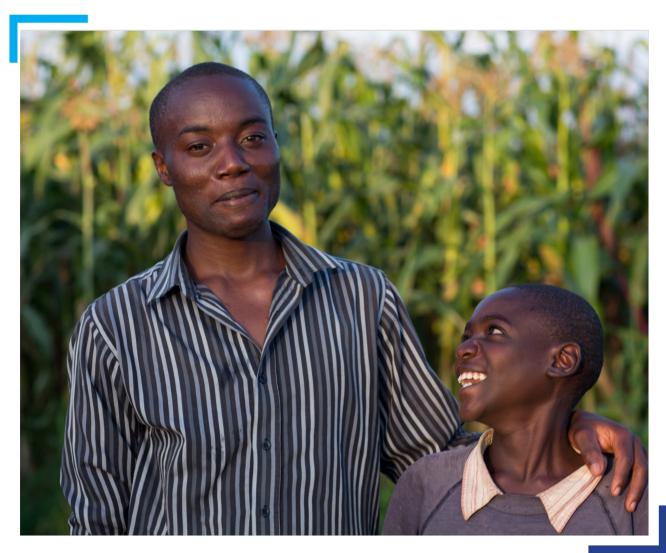


SUPPORTED INDEPENDENT LIVING

Introduction to Supported Independent Living (SIL)

Supported independent living refers to a living arrangement whereby a child (between 15-17 years) or a young person (between 18-23 years) is supported in her/his own home, a group home, hostel, or other form of accommodation, to become independent. ⁵⁰ Supported independent living aims to prepare and support children and young people to make a smooth transition from other forms of care, living on the streets or outside of family care, to independence and adulthood as he/she reaches an age and capacity to live independently and expresses the desire to do so. ⁵¹

Many young people transitioning to independent living face major changes which can be overwhelming. It is therefore critical that this transition is done gradually and with consistent practical and emotional support. Caseworkers should be available at planned intervals and as needed, to support to children and young people as they adjust to living independently. Assistance and support may include budgeting, cooking, job seeking, support in paying bills, counselling, vocational training, parenting, etc. The caseworker should also facilitate the identification of a mentor within the community who can offer social connection, practical and emotional support to the child or young person.



Children / young people who qualify

Any child (15-17 years) or young person (18-23 years)⁵² who is unable or unwilling to reintegrate with their biological family or an alternative family, or who has aged out of alternative care, and who expresses the desire to start living independently.

Children could be placed in Supported Independent Living (SIL) after exiting residential care, from other forms of alternative family-based or community-based care, or from their biological parents.

Adults who qualify as mentors

Any adult who:

- Lives within close to the child or young person.
- Expresses a genuine interest in the child's or young person's wellbeing.
- Is of good character.
- Is known to and trusted by the child or young person.
- Exhibits basic life skills which may be helpful for the child or young person. For example, cooking, cleaning, household budgeting and saving, participation in cultural/religious/community activities, employment, can guide the young person to open a bank account, obtain a national identity card, buy essentials etc.
- Is willing to carry out the responsibilities of a mentor, including regular monitoring visits, coordination with caseworker, area chief or SCCO and facilitating the child or young person's meaningful participation in community activities, to ensure they are socially connected, enhancing their emotional wellbeing.
- Understands they will not benefit financially from providing mentorship.

Duration

The duration of mentorship will vary based on the individual needs of the child or young person; there is no minimum or maximum duration.

Case management should continue for as long as the child or young person needs (guided by the case plan and review); the Guidelines for Alternative Family Care for Children in Kenya (2014) recommends up to 36 months post-placement.

The child or young person and mentor will ideally continue their relationship after case management support ceases.

Documentation

Birth certificate, school progress report, biological parent's(s') identity (identity card, death/burial permit). The case management forms and supporting documentation required for supported independent living arrangements can all be found in the CM Guidebook and Toolkit (2019).

The form which is used by statutory authorities to approve the placement is found in the annex VII.

Supported Independent Living SOP

The following SOP sets out the relevant procedures in the establishment and support of Supported Independent Living (SIL) arrangement. These procedures should be used alongside the CM Guidebook (2019).

To determine that SIL is an option for a child or young person, the eligibility criteria outlined previously (in introduction section) must first be considered, family-based care options should have first been explored and exhausted (i.e. deemed unsuitable and not in the child's best interest via thorough assessment), and views of the child or young person must be considered.

	Purpose	The purpose of identification and assessment is to identify children (15-17 years) and young people (18-21 years) who are unable or unwilling to live with, or reintegrate with, their biological family or an alternative family, or who have aged out of alternative care, and who express desire and ability to start living independently.
Identification and assessment of the child or Young person	Guiding notes	Assessment of reunification to the child or young person's family of origin, and alternative family-based care options must have already been explored through rigorous case management, and all options must have been deemed unsuitable or not in the child or young person's best interest (this may include their unwillingness to enter any of the explored forms of care), before Supported Independent Living can be considered. Community members (chiefs, religious leaders, cultural leaders, CPVs, CHVs, etc.) may identify vulnerable child or young people who live alone, unsupported within their community who may benefit from SIL support. DCS, caseworkers and alternative care service providers may also identify children or young people who are aging out of alternative care (CCI, foster care, etc.) and who could benefit from a supported independent living arrangement, including any child or young person who is unable/unwilling to reintegrate to a family. The information about the child or young person attained during assessment will also be used throughout case management to support the child or young person to identify a mentor, to support their transition into the supported independent living arrangement, and to monitor their progress toward reintegration into the community.
	Outcomes	Identification and assessment are complete, ensuring eligibility criteria are met, and all options for family-based care alternatives have been exhausted.

Identification and assessment of the child or Young person	Actions	The caseworker will conduct an assessment in accordance with SOP 2 of the CM Guidebook (2019). The caseworker should consider individual traits, strengths, needs and circumstances of the child or young person. They will also consider the resources within a community, to ultimately determine if SIL may be suitable for the child or young person. Individual considerations may include: The circumstances that require child or young person to live independently; The types of support that the child or young person would need to be successful living independently; The risks the child or young person might face living independently and how these could be best mitigated; The presence of people within the targeted community who would be willing to support and monitor the child or young person; Whether the arrangement allows for family connections to be maintained (if in the best interest, and wishes, of the child or young person); Access to school, vocational, training and employment opportunities How the child or young person will financially support him or herself in the short and long-term. Community considerations may include: The appropriateness of typical housing arrangements for that community; The living condition of other independent children or young people within the community and how they are perceived and treated by the community; The circumstances that children or young people placed in a SIL arrangement together can be considered a 'household' or a 'family' for purposes of accessing social safety net programs.
Mentor identification	Purpose	Identifying a mentor to support the child or young person transitioning into SIL to ensure they know at least one adult in the community in which they will be living. The mentor must be someone whom the child or young person feels comfortable with and can regularly offer advice and help to the child or young person.

Guiding notes

Young people who had transitioned to independent living arrangements in Kenya stated that "Every child and young person needs to know that they matter to someone". ²⁴ Given that some children or young people transitioning into independent living may have experienced neglect and broken relationships, it is important that they feel valued and have at least one person who cares and looks out for them during the transition (which is stressful and complicated in itself).

Additionally, mentors support the practical development of basic life skills (i.e. budgeting, cooking, paying bills) that the child or young person requires to live independently.

A potential mentor could be a family member, teacher, coach, employer, religious member, or another young person who understands the challenges associated with the transitioning—anyone who the child or young person perceives as trustworthy and who can commit to providing emotional and practical support for the development of the child or young person. There are two most important factors: the first is that the child or young person shall be comfortable with, and trusts, the prospective mentor. Secondly, the mentor understands the complexities of transitioning to independent life and the needs of the child or young person.

Overall, an ideal mentor has a similar role to a supportive older sibling or relative. Ideal mentors would comprise the below characteristics and competencies, they shall:

- Be 18 years or above, and older than the child or young person;
- Be willing and able to support the child or young person emotionally, socially
 and practically (i.e. life skills, monitoring their school or job attendance, helping
 to seek medical treatment if the child or young person falls ill, etc.);
- Demonstrate an interest in the child's or young person's welfare;
- Be regarded as people who are trustworthy and supportive by the child or young person;
- Live independently and have acquired practical life skills that they can coach the; child or young person to learn the same;
- Be well-connected to their community, and willing to socially connect the child or young person to their network;
- Be known in the community to be of good character and live an overall healthy and positive life (i.e. would be a positive role model for the child or young person).

Ideally, the mentor should be prepared by the caseworker (including capacity strengthening on any topics they feel that they need to improve on, in order to be an effective mentor) and receive support from the caseworker throughout the post-placement monitoring period until the child or young person has achieved sustainable reintegration²⁵ within the community.

Outcomes

A mentor is identified to support the child or young person emotionally, socially and practically during their transition into the community until the child or young person have achieves sustainable reintegration.

Actions	 The caseworker will work with the child or young person to identify a mentor during the preparation phase, prior to placement into SIL. Where the child or young person is unable to identify a person within the targeted community (for example, they may have lived in an institution for an extended duration, and have been disconnected from their community), the caseworker may engage individuals around the child or young person to help to identify a mentor. The caseworker should help to facilitate the building of social networks, for example by enrolling the child or young person in school or training, attending religious gatherings, joining local savings groups, etc. in the target community, so that they are able to identify an individual whom they can identify as a mentor. The caseworker should discuss with the child or young person about their expectations of a mentor, the different options they have identified as mentors and the pros and cons of each, and a strategy for approaching the prospective mentor to ascertain if they may be interested in the role. The caseworker will share an information package with the prospective mentor during their first meeting. The information pack shall outline the areas that the child or young person may require support. It shall also highlight the overall expectations (including the duration of support) and supports that can be offered to the mentor (i.e. through the caseworker).
Purpose	A brief assessment shall be conducted after the prospective mentor's original expression of interest to ensure that they are compatible for the child or young person. Also, it would show that the identified person is willing and able to offer support when required to do so.
Guiding notes	The caseworker should have an in-depth understanding of the child or young person's strengths, needs and circumstances (attained previously through the child's or young person's assessment). They must keep these factors in mind during the mentor's assessment, to explore the suitability and competence of the identified person.
Outcomes	The main outcome of the assessment is a determination of whether, or not the mentor has the ability and desire to support the child or young person, and whether they would be a suitable "match" as a mentor. The assessment may also highlight issues to be addressed before the mentor and mentee relationship is formalized.
Actions	 The caseworker should initiate a visit to the prospective mentor's home. The first visit should be conducted without the child or young person, to enable honest discussions. This is also to avoid inconveniencing the child in case the prospective mentor retracts their interest in the mentorship program. The caseworker will conduct an assessment with the prospective mentor using the mentor assessment checklist (in annex 1). Expectations of the prospective mentor should be discussed, and the prospective mentor should be given an opportunity to ask questions related to the information pack that was previously given to them, and about the general role of mentor. With the prospective mentor's permission, the caseworker will discuss the mentor's suitability to act as a mentor with the area chief and a religious or other community leader who knows the mentor.
	Purpose Guiding notes Outcomes

Purpose The mentors are registered with DCS to keep records of the mentor's assessment that they received information about mentorship and have agreed to mentor the child or young person, and can be contacted by DCS when needed (especially where training and support opportunities become available which the mentor in benefit from). Guiding notes Only those who have successfully undertaken the identification and assessment process and have accepted the responsibilities associated with mentorship are registered. Outcomes Mentors are registered with and are contactable by DCS. The caseworker should complete the Mentorship Agreement (found in the Gatekeeping Guidelines, 2021), co-signed by both the child or young person and the mentor. The caseworker should provide a copy of the case file and the Mentorship Agreement to the SCCO. The SCCO should co-sign and register the mentor's name and contact	
process and have accepted the responsibilities associated with mentorship are registered. Outcomes Mentors are registered with and are contactable by DCS. Actions The caseworker should complete the Mentorship Agreement (found in the Gatekeeping Guidelines, 2021), co-signed by both the child or young person and the mentor. The caseworker should provide a copy of the case file and the Mentorship Agreement to the SCCO.	Purpose
 The caseworker should provide a copy of the case file and the Mentorship Agreement to the SCCO. 	Guiding notes
 The caseworker should provide a copy of the case file and the Mentorship Agreement to the SCCO. 	Outcomes
information in the CPIMS. A copy of the form should be provided for the case file.	Actions
Purpose To prepare the child or young person to live independently and re/integrate into the community and prepare the mentor on how to provide effective mentorship and support to the child or young person throughout re/integration process.	Purpose
Guiding notes Preparation is critical to ensure that the child or young person transitions smoothly and safely into SIL, and to ease any anxiety associated with the transition. Where young people have spent a significant part of their childhous living outside of family or community-based care, they may lack some of the necessary skills and information to fully reintegrate into the community, and transition into independent life. Where children or young people are not prepared for independence appropriately, they may be vulnerable to abusive relationships, substance abuse or exploitive work environments. It is critical that young people who aleaving care are empowered with the basic information and skills to protect themselves from these risks and transition into self-reliance in a healthy was prepared in the property of the child's form the property of the child's form the prepared on what to expect of the child's form the child or young person's transition and how they can best support. Outcomes The child or young person expresses and demonstrates the competencies and knowledge that they are ready to transition into the supported independent living the supported independent living the property of the child or young person's transition into the supported independent living the property of the child or young person's transition into the supported independent living the property of	Guiding notes
Outcomes The child or young person expresses and demonstrates the competencies and knowledge that they are ready to transition into the supported independent livi arrangement and have clear and realistic expectations of the transition over a period of time, and the supports that they will need. The child or young person knows where to seek help in their new community or family when the need aris Expectations around monitoring are agreed upon by the child or young person, mentor and caseworker including the monitoring modality (i.e. home visits, calls)	Outcomes
etc.) and schedule.	

 The Kenya Society of Care Leavers Life Skills Manual (2019) should be shared with the mentor. The caseworker ought to assure the mentor of their support and availability to the mentor for supervision, advice or guidance as needed. Furthermore, the mentor, child or young person and caseworker will together reflect on the arrangement periodically to ensure both the child or young person and mentor feel supported.
Purpose The purpose of placement is to physically relocate the child or young person to their new house and residence to commence independent living within the community.
Guiding notes The day of physical relocation from one care setting to another can hold critical importance to a child or young person. Attachments and routines will be left behind and must be reformed. It is critical that this day which will be felt significantly by the child or young person is treated as appropriately significant and recognized by relevant support people around the child. The primary caregiver in the current care setting, caseworker, and mentor will be critically important, and should be collectively involved in the planning of the placement day; ideally, they should all be available on the placement day.
Outcomes The child or young person feels supported in the physical transition into their new home and residence and has clear expectations of next steps.

	Actions	 The caseworker will facilitate placement according to SOP 10 of the CM Guidebook 2019. The caseworker should accompany the child or young person on the day of placement. Ideally, the day should be acknowledged and celebrated within their current care setting, as well as at their new living arrangement, except the child or young person chooses otherwise. For example, perhaps a small farewell celebration is conducted at the current care arrangement, or a small gift as a token memory is provided, and at the new home perhaps the mentor and other young people living in the home and neighbors are available to greet and welcome the child or young person.
	Purpose	The purpose of monitoring is to review the child or young person's progress toward sustainable reintegration into the community.
	Guiding notes	Ideally, monitoring should be a process led by the child or young person, who can identify the type of support that they desire and deem useful and its frequency; respect must be given to their wishes and growing independence. Expectations around monitoring should be agreed to by the child or young person, mentor and caseworker during preparation. The child or young person and mentor should understand the importance of monitoring, and agree to specific monitoring modalities (i.e. home visits, calls etc.) and schedule (more frequent immediately after placement, and then reducing as the child or young person becomes more confident and requires less support).
Monitoring		 Monitoring should be guided by SOP 11 of the CM Guidebook 2019. The caseworker and mentor will conduct monitoring as agreed to in the case plan and the child or young person's evolving needs and circumstances. Where information is unclear or inconsistent, efforts should be made to triangulate information among different support people around the child or young person. The caseworker should endeavor to meet the child or young person and the mentor both jointly and separately to enable open and honest conversations about their relationship and express any difficulties or concerns; the caseworker should support with mediation where and when needed. The caseworker should also speak periodically to the other people that have influence in the child or young person's life, including teachers, chief, neighbors, employers, peers, religious leaders, etc. Each monitoring interaction or visit should include discussion of the next monitoring visit. Home visits will be essential in physically observing the child or young person's living conditions and can be complemented by phone calls as needed. The child or young person must be empowered to safely report infringements on their rights, including abuse and exploitation; the caseworker should provide information on how to do this within their community to build their independence. The caseworker should document each monitoring interaction (including telephone calls).
Case Review	Purpose	The purpose of a case review is to conduct a holistic evaluation of the progress made toward reintegration. Progress on the case plan and reintegration benchmarks will be reviewed. New resources and needs that have arisen since the original assessment may also be identified. Once the case plan goals and benchmarks have been achieved, this is an indicator that reintegration is sustainable, and the case may proceed to preparation for closure.

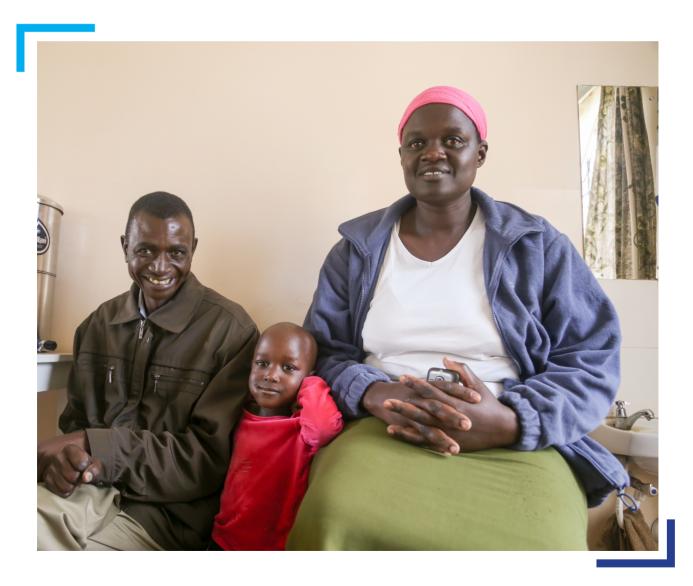
		 Case reviews should be a collaborative process between the caseworker, child or young person and mentor. The child or young person's views should be respected, appreciated and given duly considered. Progress made against the case plan should be recognized and celebrated, and plans should be made to address outstanding goals targeting sustainable reintegration, including clear roles and responsibilities and timeframes. Case reviews are required at a minimum of twice per year, however they can be more frequent and as required. Caseworkers should never hesitate to conduct case review if there is reason to do so.
	Outcomes	The child or young person, caseworker and mentor will be clear on progress made on the case plan and goals that are outstanding and need to be achieved in order to move towards sustainable reintegration and closure of the case.
	Action	The caseworker should schedule biannual case reviews in accordance with SOP 12 of the CM Guidebook (2019), complemented by the reintegration benchmark tool, and documenting using the case review form in the CM Toolkit (2019). This will include convening a meeting to reflect on progress with the case plan and benchmarks with the child or young person, mentor, community volunteers, parents and relatives (as relevant), etc.
	Purpose	Case closure indicates that the child or young person is able to continue caring for themselves independently without case management support.
	Guiding notes	Case closure occurs when case plan goals are achieved and case management support for the child or young person is no longer needed. Closure is anticipated, discussed and planned for from the beginning, but can only be considered once the child or young person is approaching sustainable reintegration, as indicated by the case review outputs and reintegration benchmarks. Closure does not mean that the child or young person will never need support in the future, but that the child or young person feels equipped to seek this out for themselves. Given the mentor and child or young person live in the same community and have developed a bond, it is recommended that their relationship continues after the case management process ceases.
sure	Outcomes	The child or young person lives independently, knows where to seek necessary support, and is sustainably reintegrated into the community.
Case Closure	Action	 The caseworker should follow SOP 13 of the CM Guidebook 2019. As the end of the reintegration period nears, the caseworker will conduct a case review including review of the progress made on the case plan, to confirm that all benchmarks have been achieved. A recommendation should be made for the child or young person to be phased out of case management and presented to the SCCO for closure approval. Once approved, the caseworker can plan how to formally close the case. This will include discussion with the child or young person and mentor about case closure and what supports, if any, they may need in the future. The caseworker will also provide contact information for the SCCO as well as public services, area chief and CBOs/NGOs to instill confidence in the child or young person that any support beyond case management will still be available post-closure. The child or young person and mentors' relationship should ideally be ongoing, though this is at the discretion of both parties. The child or young person's progress should be celebrated, and discussion should be conducted around ending the relationship with the caseworker and future problem-solving skills needed in future.



Introduction to Adoption

The SOP outlined below are envisaged to be a safe, child-centred approach to adoption that reflects global good practice and the national legal framework. The SOPs provide practical guidance to help practitioners to apply a case management approach whilst implementing the adoption rules and regulations outlined in the Children Act (2001) and Children (Adoption) Regulations (2005) to address previous gaps in adoption practices, to ultimately strengthen the practices and ensure that the best interests of children involved in the adoption process are upheld.

Efforts have been made to align the SOP with the Children's Bill (2020) which provides for three categories of adoption: kinship adoption, domestic (local) adoption, foreign adoption.



Kinship adoption

Kinship adoption refers to adoption of a Kenyan child by their relative. The Children's Bill 2020, Sec 195(1) states that a kinship adoption order may only be made in favor of a relative of the child. The child and prospective adoptive relative may or may not have known each other previously. Applications are initiated (usually by the kinship adopter) through a duly registered local adoption society. Unlike with other forms of adoption, a single kinship adopter can adopt a child of the opposite sex, pre-selection is allowed, and the adopter does not have to be 21 years older than the adoptee child as required in the other non-related adoption.

Domestic (local) adoption

Refers to adoption of a Kenyan child²⁶ by single person or couple who are Kenyan citizens, reside in Kenya and not related to the child. Applications are initiated through a duly registered local adoption society. Pre-selection of a child in domestic (local) adoption is not allowed; Prospective Adoptive Parents (PAP) are matched with the child after assessment, vetting and being approved as fit to adopt (by a registered Adoption Society).

Foreign adoption

Refers to adoption of a Kenyan child by a Kenyan national with dual citizenship, and adoption of a Kenyan child by foreign national(s) who may or may not reside in Kenya. Application by a foreign national adopter shall be made by a foreign adoption society which is duly approved in Kenya by National Adoption Council (NAC), to the local adoption society. Upon receiving the application, the local adoption society shall submit the application to the NAC for approval of the applicant.

Children who qualify

- Any child under 8 years of age, who is resident within Kenya, whether or not the child is a Kenyan citizen (i.e. their nationality may be unknown or unverifiable), or was born in Kenya
- The child has attained age of 6 weeks old (if parent(s) are consenting to adoption).
- An orphaned child, who has no known relatives, or if there are known relatives, they
 are unwilling, deemed unable or not suitable to provide care for the child (consent or
 affidavit from unwilling relatives may be sought).
- An abandoned or lost child where tracing of biological parents and relatives has been conducted for a minimum of six months (while the child resides in temporary alternative care), with supporting documentation to evidence all tracing processes, and has failed. Tracing documentation must be accompanied by two police letters to show that all tracing options were pursued for minimum six months and prove futile.
- Children who are willingly offered by their biological parents and/or extended family through a written consent to the child being adopted.
- If the child has attained 10 years of age, they must give their own consent in writing to the Adoption Society, who will avail it to the court.²⁷
- Child must have been declared free for adoption by the NAC

Adults who may qualify as adoptive parents

- Must be aged between 25 years and 65 years and must be at least 21 years older than the adoptee child (except for kinship adoption where age restrictions do not apply).
- Must be legally married spouses (proven by marriage certificate) or a sole applicant

Who may not qualify to adopt

- A single female applicant in favor of a male child or single male in favor of a girl child
- A sole applicant or joint applicants who has, or both have, attained the age of 65 years
- A sole foreign female applicant

Duration

Adoptive parents are given the same legal rights as biological parents; adoption is permanent once the adoption order is issued by the High Court.²⁸

Roles and Responsible & duty bearers

National Adoption Committee (NAC)

- Formulating governing policies for adoption in Kenva.
- Licensing and overseeing the conduct of registered adoption societies.
- Proposing officers who may serve as guardians ad litem.
- Monitoring all adoption activities in Kenya.
- With the passing of the Children's Bill 2020 as an Act, the NAC will be responsible for the declaration of children as free for adoption.

Adoption Societies

Adoption Societies' licenses must be renewed annually. Their responsibilities include:

- Assess and declare children free for adoption (by issuing a declaration certificate). If the Children's Bill 2020 is passed as Act, declaration of children as free for adoption will become the responsibility of the NAC.
- Assessing and approving prospective adoptive parent(s).
- Matching of child (declared free) with approved prospective adoptive parent(s) (PAP).
- Placing and monitoring a child with prospective adoptive parents(s) for pre-adoption fostering of at least three months.
- Preparing documents for PAP to begin court process after pre-adoption fostering.
- Attend High Court during adoption proceedings.

Children's Officers within the Department of Children's Services (DCS)

- They are the statutory authority who oversees the wellbeing of all children placed in alternative care (including CCIs, foster care, guardianship, etc.) who may eventually be considered for adoption.
- They are mandated with authority to apply to Children's Court for Committal Order to place children in CCI, to apply to Children's Court for a Guardianship Order to place children in guardship arrangements, to directly approve foster care placements, etc.
- They prepare a social inquiry report to present to High Court during adoption process.
- They capture adoption data in CPIMS.

Law Society of Kenya (LSK)

- Advocates of the High Court of Kenya support PAP to file adoption matters, represent prospective adoptive parents during case proceeding (on fee or pro bono).
- Supports the Chief Justice in developing adoption court rules.

Registrar General

- Issues birth certificates and adoption certificates.
- Maintains the adopted children's register (Section 169, Children Act 2001)

Police

- Mandated with tracing and investigation of all reported cases of abandoned children
- Issues initial and final police letters for all adoption cases (apart from kinship adoption)

Children's court

- Provides Committal Orders for children to be admitted into CCIs
- Revokes Committal Orders after Adoption Order is attained

Adoptive parent(s)

- Initiates adoption process through application to a registered adoption agency.
- Completes all steps and procedures required for adoption process.
- Once a child is in care, provides for the needs of the child and takes on all parenting responsibilities.

Guardian ad litem

- Advocates and represents child's best interest during the court process.
- Is fully responsible for the child's wellbeing during the court process since the child is living with the PAP and at this stage, CCI, previous alternative caregiver, or adoption societies have no care responsibility for the child.
- Where the high court does not grant an adoption order, or may order withdrawal of the child from PAP, guardian ad litem will assume temporary custody of the child as the DCS makes arrangement for alternative placement.
- Prepares and submits an independent report to the court on the child's bonding with the PAP.

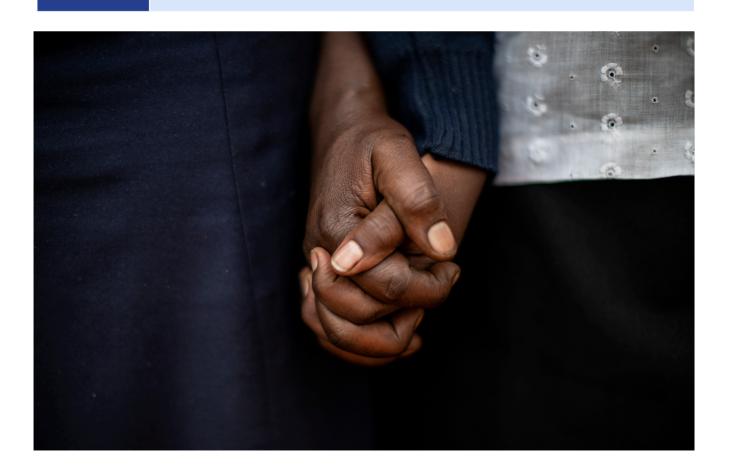
Documentation

To declare a child free for adoption

- Birth certificate or baptism card
- Two police letters (initial police letter when the case was first reported with Occurrence Book number; and final police letter issued after six months to prove tracing as futile)
- Medical (health) report.
- Full size photo of the child or young person.
- Child's or young person's consent (only for children 10 years and above).
- Written consent from biological parents or relative (in case of 'parent offered child')
- Copy of biological parents' identification cards or passport and or death certificate or burial permit (if deceased).
- Committal order and admission form for child in CCIs/SCIs.
- Chief's letter or referral letter for children in family- and community-based care.
- Inventory of children's property (if orphaned).
- Care order and foster carer application to be appointed as PAP (for children being adopted from foster care).

To approve a Prospective Adoptive Parent as eligible to adopt

- Duly filled application forms (issued by an adoption society).
- Certificate of good conduct (from Department of Criminal Investigation).
- Proof of financial capability to care for a child (as demonstrated by three months bank statement and/or mpesa statement, title deed, business registration certificate, sale of property agreement, etc.).
- Medical report to ascertain the wellness and healthy capability of caring for the child.
- Two referee letters (one must be from a statutory authority).
- Two full-size photos.
- A duly signed and witnessed guardianship form from a guardian who may take over the care for the adopted child after adoption order, should the adoptive parent(s) become incapacitated or die.



Adoption SOP

Child identification, child assessment, family tracing and family assessment should take place guided by SOP 1, 2, 3 and 4 of the CM Guidebook (2019). The following steps must have been completed before a child is deemed to be in need of an alternative care.

	Purpose	The purpose is to identify children who need care and who tentatively fit the eligibility criteria for adoption, for further assessment and verification of their eligibility.
	Guiding Notes	Children who may be eligible for adoption are outlined in the introduction section of this SOP as per the Children's Adoption Regulations.
		It should be noted that extensive family tracing and assessment must have already taken place, for minimum of six months, before a child can be considered for adoption; see SOP 3 and 4 of the CM Guidebook (2019) for step-by-step guidance on tracing and family assessment.
Identification of the child		Different actors working in child protection agencies and departments may identify children eligible for adoption and refer them to the NAC through SCCOs or Adoption Societies. The final declaration of children eligible for adoption shall be made by the NAC through a declaration certificate. This is regardless of any identification or assessment by any other person or adoption societies.
ıtification	Outcomes	A child who has met initial eligibility criteria for adoption, is identified and referred to a registered Adoption Society for further assessment.
Iden	Actions	 SCCO (and delegated caseworkers), ACC, CPVs, NGOs, CBOs, police and other community-based actors may identify a child in need of care according to SOP 1 of the CM Guidebook (2019) and refer immediately to the SCCO (using an OB Report, as available), who will complete the Case Record Sheet. Tracing should be conducted by SCCO (and delegated caseworkers), CPVs, NGOs, CBOs, and police in collaboration with other actors according to SOP 3 of the CM Guidebook (2019); tracing must be rigorously documented to prove that all tracing options were exhausted. If willing biological parent(s) or relatives cannot be located or the parent(s) consent to relinquish their parental rights, the SCCO will complete a Social Inquiry Report (accompanied by case management identification form and tracing forms found in CM Toolkit, 2021) and send to a registered Adoption Society, recommending that the child requires further assessment.

	Purpose	The purpose of assessment is to collect relevant information from various sources which will help to determine whether the child should be declared eligible for adoption or not. Additionally, child assessment may give an initial indication of the traits that prospective
	Cuidin	adoptive parent(s) must possess in order to be considered suitable to meet the needs of the child.
	Guiding Notes	When considering adoption, child assessment must be conducted by a registered adoption society before the referral to the NAC to declare the child free for adoption.
	Outcomes	A completed assessment of child's unique strengths and needs, and their eligibility for adoption, which will be presented to the NAC to declare the child free for adoption.
Child assessment	Actions	 A social worker from a registered adoption society should conduct child assessment in accordance with SOP 2 of the CM Guidebook (2019). The social worker shall: Receive case files for children from the referring institutions or SCCOs (for children in CCIs and alternative families) or prospective kinship adopters. Meet directly with the child to conduct an assessment (engaging the child in a manner appropriate to their age and evolving capacity), as well as adults around or known to the child who may be able to provide additional information (including the child's current primary caregiver). Complete the child assessment form, file it in the child's case file, and attain other required documentation as outlined at the introductory part. Collate the assessment documentation and present to the Adoption Society's (internal) Case Committee. This Committee will determine whether there is sufficient proof for the child to be recommended to the NAC to be declared as free for adoption. Where the Case Committee feels that there is insufficient proof of the child's eligibility for adoption, they may choose to conduct further assessment to attain additional information to verify the child's eligibility.
free for adoption	Purpose	The purpose of declaring a child free for adoption is to allow the child to proceed to the next step (matching) in the adoption process. This is a <u>statutory</u> requirement, as well as a safeguarding check and balance to ensure that children are not unnecessarily or imprudently availed for adoption.
Declaring child free fo	Guiding Notes	Declaring a child free for adoption is a significant step for the child's progression toward adoption, thus must be conducted in a systemic and careful way, with all considerations given to safeguard children whose biological family may be willing and able to care for them from adoption. The declaration process should only be initiated and considered when rigorous tracing has been exhausted.
Decl	Outcomes	The National Adoption Committee declares the child free for adoption and issues a declaration certificate.

Declaring child free for adoption	Actions	 The Adoption Society social worker prepares a summary of the case, then presents the case summary to the Adoption Society's Case Committee for review. The Case Committee will either endorse or reject the child's adoption eligibility. If the Case Committee certifies that the child meets the criteria for adoption, the social worker will present the case to the NAC. The NAC reviews the case (following protocols in the Adoption Regulations, 2005), and either endorses, defers, or rejects the recommendation. If the recommendation is endorsed, the NAC issues a no objection certificate for the child to the Adoption Society, to allow the process of matching to begin. The Adoption Society informs the child's caregiver (as applicable) and the SCCO about the child having been declared free for adoption, and files the declaration certificate in the child's case file. If the recommendation is deferred, the NAC informs the Adoption Society (in writing) of the reasons for the deferral (e.g. that more information is required in the assessment). If the recommendation is rejected, the NAC informs the Adoption Society (in writing) of the reasons for the rejection.
Identification and recruitment of prospective Adoptive Parent (PAP)	Purpose	The purpose of identifying prospective adoptive parents (PAP) is to collate a pool of prospective adoptive parents who will be referred for more in-depth assessment and training, and possibly be registered as prequalified PAP available to be considered each time a child is declared free for adoption.
	Guiding notes	 For kinship and domestic (local) adoption: The social worker from a registered Adoption Society will conduct assessment in accordance with SOP 4 of the CM Guidebook (2019), including multiple home visits to attain all the details required, and an in-depth interview in the privacy of the PAPs home to verify information previously provided. The social worker will complete Form CAR6 - Social Inquiry (found in the Adoption Regulations) The social worker will share the assessment findings with the PAP to allow for the correction of any error. Once a PAP has been assessed and is confirmed to meet the adoption eligibility criteria, the social worker shall prepare the case file and share with the Adoption Society Case Committee. For foreign adoption: The NAC will receive case file from relevant Adoption Society. NAC will review the assessments. If NAC requires further information, they write to the submitting foreign adoption society for the required information before making decision.
	Outcome	There is increased awareness on adoption and the public is equipped with accurate information about adoption eligibility and processes, resulting in a pool of interested PAPs, who will undergo further assessment.

Action

- The SCCO shall collaborate with child protection NGOs and CBOs to map available promotion platforms within their communities, including chief barazas, religious institutions, media channels, etc. and arrange to disseminate information about adoption (as per above guiding notes).
- The SCCO should conduct pre-screening using Form 2 for Inquiry on Prospective Adopters, found in schedule 6 of the Adoption Regulations. This will help to establish if the interested PAPs understands the roles and responsibilities of being an adoptive parent.
- The SCCO will collate a PAPs Register of interested PAP who passed the pre-screening process, and enter into the CPIMS (this data will be helpful to track trends awareness of and in interest in adoption)
- The SCCO will provide the PAPs with details for registered Adoption Societies and ask their preference for the Adoption Society they would like to be referred to for assessment. If the PAPs do not have a preference, the SCCO can refer them to any Adoption Society.

Purpose

The purpose of family assessment is to understand the PAP's motivation for adoption, to determine the readiness of the PAP to adopt, and to explore which children the PAP may be suitable for, to provide care based on the PAP's unique strengths and circumstances.

The assessment is also an opportunity to ensure that the PAPs understand difference between adoption and other forms of care, to provide an in-depth orientation on what adoption entails, and build a foundational rapport with the PAP which will support the next case management steps.

Guiding notes

Assessment should be conducted by registered Adoption Societies, in collaboration with NAC (to ensure their continuity throughout processes), except in the case of foreign PAP where the NAC conducts assessment by reviewing PAP's case file (received from adoption society). If NAC requires further information, they shall write to the submitting foreign adoption before making decision.

Kinship and domestic (local) adoption assessment are conducted through initial interviews at the adoption society's office followed by a home assessment at the PAP's home and a pre-adoption counselling report as it is usually required by adoption societies.

What is expected of the PAP during assessment?

- All members of the PAP's household (adults and children) will be actively involved in the assessment and provide honest responses.
- The PAP will support the Adoption Society social worker to contact other individuals around them for the purpose of verifying any information or seeking additional information about the individual or household.
- PAP has the right to give feedback about the assessment process to the Adoption Society's CEO or Director, or NAC.

What is expected of the social worker from the Adoption Society during assessment

- To conduct all assessments without discrimination and according to approved templates or forms.
- To maintain confidentiality throughout the assessment process and file the assessment safely in the PAP's case file.
- To conduct assessments in a timely manner following identification and recruitment of the PAP (usually within 30 days).
- To pass information provided by the PAP with other sources of information gathered from the community (for example, neighbors, chiefs, religious and community leaders, etc.).
- To document the assessment process and prepare a report.
- To explain to the PAP what to expect after presenting the assessment to the Adoption Society Case Committee and expected timeframes.

Outcomes The assessment provides an overview of: Household composition and health status; Summary of key relationships (e.g., marital, extended family, sibling); Sources of income, wealth and land, need for material or any other support; Any prior parenting experience or experience with children; Description of the accommodation; Connections to community groups, neighbors, friends, extracurricular activities; Motivation: reasons for interest to adopt; Any other relevant information. Ultimately, the assessment will provide an indication of the suitability of the PAP to adopt, and the category of children who would best benefit from receiving care from a PAP. Actions For kinship and domestic (local) adoption: The social worker from a registered Adoption Society will conduct assessment in accordance with SOP 4 of the CM Guidebook (2019), including multiple home visits to attain all the details required, and an in-depth interview in the privacy of the PAPs home to verify information previously provided. The social worker will complete Form CAR6 - Social Inquiry (found in the Adoption Regulations) The social worker will share the assessment findings with the PAP to allow for the correction of any error. Once a PAP has been assessed and is confirmed to meet the adoption eligibility criteria, the social worker shall prepare the case file and share with the Adoption Society Case Committee. For foreign adoption: The NAC will receive case file from relevant Adoption Society. NAC will review the assessments. If NAC requires further information, they write to the submitting foreign adoption society for the required information before making decision. **Purpose** Preparation is intended to equip PAP with basic knowledge and skills to fulfil their roles and responsibilities as adoptive parents. Completion of the adoption capacity strengthening is one of the requirements for being approved as an adoptive parent. Guiding Capacity strengthening efforts provide an opportunity for PAPs to gain in-depth information notes about adoption, equip them with appropriate skills and knowledge to offer proper care and support to the adoptive child. Capacity strengthening for PAP can be conducted based on the availability of the PAP via one-on-one coaching and mentoring between the social worker (from Adoption Society) and the PAP, or via formal trainings (conducted by Adoption Society, the DCS or their partners). The DCS leadership, in collaboration with Adoption Societies and other strategic partners involved in childcare and protection, should develop standardized modules on the listed topics below. Content should be simplified in order to be easily understood by a range of PAP (who may have a range of literacy levels) and be made available online so that it may be widely used and disseminated. The proposed minimum topics for capacity strengthening with PAP include: the permanent nature of adoption); Overview of legal process and self-representation;

- Overview of adoption including roles and responsibilities (including information about
- Child protection prevention and response to violence against children;
- Positive parenting, throughout children's developmental stages, including components of caregiver self-care and stress management;
- Attachment and the needs of adopted children (including what to expect of the bonding process);
- How to make and use a memory book
- Succession laws of Kenya, will drafting and execution;
- How to safely disclose to the adoptee about their adoption;
- Working together with others to implement and review the child's care plan.

Preperation of PAP

	Outcomes	PAPs are well-equipped to provide appropriate care and support to children under adoption. On completion of the training, the DCS in collaboration with the Adoption Society will issue the PAPs a certificate confirming their full attendance (signed by both the DCS Secretary to the NAC and the CEO of the relevant Adoption Society).
	Actions	 Adoption Societies will arrange all logistics for conducting capacity strengthening. Where training sessions are conducted, local community venues should be considered (e.g. community social halls, schools, religious venues etc.) to minimise the costs associated with venue. Local ACCs, CPVs and Chiefs, etc. should assist in identification of such venues. At the completion of the minimum sessions, Adoption Societies should issue certificates of completion.
tion of P	Purpose	To formally approve a prequalified PAPs, and to register them in the CPIMS as available to be matched to provide care when a child is declared free for adoption.
Registration of PAP	Outcomes	Prequalified PAPs are registered in the CPIMS which is shared with the Adoption Societies to facilitate matching.
	Purpose	The objective of matching is to identify the most suitable approved PAP for a specific child who has been declared free for adoption. A successful match is based on the holistic compatibility of the approved PAP and child. Additionally, robust matching processes prevent pre-selection and ensures equal that opportunities are availed for all children in need of families through adoption.
	Guiding notes	Decisions about matching children with PAP should be made carefully, in full consultation with child, social worker from the Adoption Society, SCCO and ultimately approved by the Adoption Society Case Committee.
AP		Matching is only required in cases of kinship adoption where there are multiple relatives seeking to adopt a child.
Matching of Child with PAP		For domestic (local, non-relatives) and foreign adoption, if the Case Committee receives any information of possible prior contact between a child who has been declared free for adoption and an approved PAP, the case committee may defer the matching and inform the social worker and PAP that they will have an opportunity to be matched with another child (if they wish to proceed with adoption).
Matchi		This is to safeguard and prevent issues of pre-selection. The exception to this is where the child was already living with the PAP under foster care (where the foster care arrangement was approved by the SCCO/ACC; it cannot be an informal arrangement), and the arrangement is being transitioned toward adoption.
		Siblings <u>should not</u> be separated, unless there is a strong case presented that it is in their best interest. They should be matched with PAP's who have expressed the interest of adopting siblings.
		Children with special needs should be matched with PAP's whose assessment revealed their capacity to offer quality care for such a category of children.
	Outcomes	A child is matched with a suitable PAP who is most suitable to permanently meet their needs and their best interest.

The Adoption Society social worker presents the child's case files (already declared free for adoption) and case files of multiple approved PAP to the Adoption Society Case Committee.			
The purpose of case planning is to set clearly defined goals and actions to prepare the child and PAP and provide the child with immediate care, as well as long term goals and actions toward permanency. Purpose Outcomes The child and the PAP are appropriately prepared through initial attachment (bonding) commencing at this stage. The bonding will be best understood and determined by observing how the child. To the PAP are appropriately prepared through initial attachment (bonding) commencing at this stage. The bonding will be best understood and determined by observing how the child stage. The bonding will be best understood and determined by observing how the child repaying commencing at this stage. The bonding will be best understood and determined by observing how the child repayed commencing at this stage. The bonding will be best understood and determined by observing how the child repayed commencing to the PAP e.g. displaying comfort when with the PAPs observing how the child repayed to the PAP e.g. displaying comfort when with the PAPs observing how the child repayed to the PAP e.g. displaying comfort when with the PAPs observing how the child repayed to the PAP e.g. displaying comfort when with the PAPs observing how the child repayed to the PAP e.g. displaying comfort when with the PAPs		Actions	free for adoption) and case files of multiple approved PAP to the Adoption Society
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Sibling groups (noting that wherever possible, siblings should be placed together), their capacity to care for a child with special needs, their capacity to care for children of different ages and gender to their own children (where applicable), etc. After making the decision, the Case Committee will issue a letter notifying the PAP of the match, through the social worker. The letter should be kept in the child's and PAP's case file. Purpose The purpose of case planning is to set clearly defined goals and actions to prepare the child and PAP and provide the child with immediate care, as well as long term goals and actions toward permanency. Guiding notes The preparation phase which aims to promote bonding between the child and the PAP in adoption is currently not regulated or standardized and each adoption society and CCIs shall conduct it in their own ways. The DCS, NAC, in collaboration with partners need to develop a standard procedure for the pre-adoption bonding process. Children will respond differently to bonding and PAPs should be briefed beforehand to understand that it may take longer than they had anticipated, and that they need to be patient with the child. Generally, younger children will require shorter and more intense preparation, and older children as well as children with disabilities may require slower and longer preparation. However, each child should be assessed, prepared and supported based on their unique situation. Outcomes The child and the PAP are appropriately prepared through initial attachment (bonding) commencing at this stage. The bonding will be best understood and determined by observing how the child responds to the PAP e.g. displaying comfort when with the PAPs			
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	ning (including child		older children as well as children with disabilities may require slower and longer preparation. However, each child should be assessed, prepared and supported based

	Purpose	 The Adoption Society social worker will follow SOP 7 of the CM Guidebook (2019) to prepare the child and the PAP. This may include: Disclosure of all known information about the child and birth family in writing or verbally with the PAPs to help them set realistic expectations. This includes explanations of the child's placement history and a physical and behavioral health history, including prenatal substance exposure. Share information about the selected PAP with the child in a child friendly language and evolving capacity, including sharing photos of the PAPs. Plan for an initial introduction session between the PAP and the child, which the social worker will accompany and observe, and note their observations in the case plan form (found in the CM Toolkit, 2019) and filed on both the child and PAP's case files. The first visit and subsequent visits should always be primarily organized to meet the needs of the child (in terms of timing, location, etc.). Facilitate a minimum of six bonding visits of the PAP to the child's current care setting. The period should depend on the age and evolving capacities²⁹ of the child; generally, younger children will require shorter and more intense preparation, and older children and children with disabilities may require slower and longer preparation. Observations of all visits should be documented in the case plan form or monitoring form (found in the CM Toolkit, 2019) and filed on both the child's and PAP's case files. The documentation should be co-signed by the child's current primary caregiver (e.g. CCI Manager, foster carer, etc.). After the first three bonding sessions (in the current care setting), the PAP may take the child on outings (accompanied by social worker) and return the child within the same day to their current care setting. Once the minimum of six bonding visits have been conducted, the
	r ui puse	to the PAP's home, marking the beginning of mandatory pre-adoption fostering period.
Placement	Guiding notes	All efforts should be made to support the child on the day of placement, according to actions outlined in the case plan which should guide the details of the day, for example, the date and time of placement, how the child will be appropriately sent off from their current home, who will accompany the child to the new home, transport means, which belongings the child will go with, how they will be welcomed at the new home, etc.
	Outcomes	The child is successfully placed with the adoptive family as they begin the journey to permanency.

	Actions	 The placement of the child into the adoptive home is to be conducted in accordance with SOP 10 of the CM Guidebook (2019). The placement date and time, as well as transport means, should be outlined in the case plan before placement. At minimum, the social worker from the Adoption Society should accompany the child on the day of placement, and they should go with the child's belongings. During preparation, the child should have already met and bonded with all members of the household, be shown the daily routine, where they will sleep, etc. The current primary caregiver (e.g. CCI or foster carer) of the child should organize a farewell celebration at the current care setting (usually there is a fee provided by adoption societies to facilitate this). Based on the date agreed in the case plan, the PAP accompanied by the Adoption Society social worker will meet the child from their current care setting. PAP should organize a welcoming celebration for the child in their home. The PAP and the Adoption Society social worker shall agree on the date for the first monitoring home-visit; usually within two weeks of placement. The date should be recorded in the case plan (found in the CM Toolkit, 2019). The social worker shall inform the receiving SCCO about the placement. The SCCO shall register the placement in the CPIMS.
	Purpose	The purpose of monitoring is to offer ongoing support and assessment to ensure that the placement remains in the child's best interest and that their needs are being met. Monitoring also provides a chance to strengthen the family and the sustainability of activities in the case plan.
Monitoring	Guiding Notes	The Adoption Society's social worker in collaboration with the SCCO where the child was placed will schedule and agree with the adoptive parents on the monitoring modality, frequencies and other logistics. The SCCO and the assigned social worker may conduct independent monitoring visits. It is also advisable to conduct some monitoring visits by inviting the adoptive parent to bring the child to the SCCO or Adoption Society's office to observe the child in different setting.
	Outcomes	The general wellbeing of the family is monitored with particular emphasis and attention placed on the child's wellbeing (including the development of attachment between the child and the PAP), and any necessary support rendered in a timely manner as need needs emerge. The PAP is supported to adjust and prepared for the upcoming legal processes.
	Actions	Using SOP 11 of the CM Guidebook (2019), the social worker from the Adoption Society, together with an assigned Children's Officer where the child is placed should continue monitoring the child as scheduled in the case plan until the adoption order is issued. The social worker and Children's Officer should: Conduct physical home visits to monitor the child and the PAP. Talk to the PAP and the child jointly and separately (if applicable for the child to express themselves) about their adjustment and wellbeing. Where information is conflicting and needs to be verified, or there are safeguarding concerns, the social worker should meet adults around the child including the PAP's extended family, child's teachers (school or church), neighbors, etc. Efforts should be made not to breach confidentiality of the adoption arrangement. Identify areas of concern (for both the child and PAP) and provide or refer to necessary support services. Guide the PAP on upcoming court process, including expected timelines. Complete the monitoring form (found in the CM Toolkit, 2019) after each visit and add it in the case file. Update the Adoption Society Case Committee about progress of the case. The monitoring visits should take place, at least, monthly.

	Purpose	The purpose of case review is to evaluate whether the child has adjusted well in the new family and to assess the general wellbeing and adjustment of the family, always from a child-centric perspective and establish whether the PAP is ready to start legal process.
	Guiding notes	Legally, the pre-adoption foster period is three months, therefore the case review should take place before the three-month period. If the review reveals challenges in the child's adjustment, or any other issues that requires addressing such as environmental or behavioral issue identified by monitoring team, pre-adoption fostering should continue for additional three months. If there is no improvement on the raised issues, the adoption society's caseworker, through the monitoring SCCO will withdraw the child from the PAP and preferably place them with the former caregiver (with whom the child was familiar with) otherwise, the child can be placed with a foster carer.
ew	Outcomes	A decision is made whether the PAP is ready to start court process for permanency or more time is required for pre-adoption fostering.
Case review	Actions	 Using SOP 12 of the CM Guidebook (2019) the Adoption Society social worker together with the SCCO should: Conduct the case review together with the child (if applicable depending with age appropriateness of the child) and the PAP. If the child came from a CCI, share an update with the CCI on the findings of the review. Based on the findings of the review, make the decision whether the PAP should proceed to court in pursuit of the adoption order or if more fostering time is required. If the review reveals challenges in the child's adjustment, the social worker can advise the PAP to take some time to continue bonding and adjusting before commencing the court process (it is to their benefit to be patient, as the court ruling is irreversible and therefore should be approached only when the case can be presented as convincingly in the best interest of the child). If the case is ready to proceed to court, guide the PAP to identify a lawyer through referral or guide the PAP on the self-representation process. The SCCO should collate the findings of the case review into a Children Officers Report, to present to the court.
der	Purpose	The purpose of the court process is to legally confirm the adoption arrangement.
Issuance of Adoption Order	Guiding notes	It is mandatory that all adoptions are processed through an Adoption Order issued by a High Court. For domestic adoption it can be any High Court but for foreign adoption, it can only be the Nairobi High Court. Adoption Societies can assist the PAP to identify a lawyer who is familiar with adoption legal proceedings.
Issua	Outcomes	The adoptive parent(s) are issued an Adoption Order from the High Court, granting them full parental rights.

Actions

- The PAP with support from their lawyer writes to the Adoption Society requesting the child's case file.
- The lawyer makes an application for adoption (which is accompanied by the child's case file and supporting documentation) to the High Court.
- The lawyer secures hearing dates and communicates it to the Adoption Society and the PAP.

First hearing

- During the first hearing the court:
 - verifies that all appropriate documentation has been submitted.
 - identifies and confirms a *guardian ad litem* to support the child throughout the court process.
 - issues an order to the Director of DCS to file a Children's Officers report.
 - issues a date for the first hearing to the lawyer.
- The lawyer will communicate the date to the PAP and the social worker from the Adoption Society.
- On the date of the first hearing, the lawyer, the PAP (if it's a couple, both must be present), the social worker from the Adoption Society and guardian ad litem must attend.
- After the first hearing, the guardian ad litem will conduct a home visit, to assess the suitability of the PAP for the child. The guardian ad litem collates a report which is submitted directly to the court.

Second hearing

- The *guardian ad litem's* report, the Adoption Society's report and the Children's Officer report is read, and the lawyer makes their submission.
- Depending on the age and evolving capacity of the child, the court may choose to interview the child.
- The court will issue a date for final adoption orders.

Final hearing

- At the final hearing, the Adoption Order will either be granted or denied. If granted, it will be accompanied by an order to the Registrar General to enter the adoption into the Children's Adoption Registrar.
- If the order is denied, the lawyer (on behalf of the PAP) may appeal within 14 days and the custody of the child is legally granted to the *guardian ad litem*. At the discretion of the court, the child may remain in the care of the PAP if their wellbeing is not deemed to be at risk. If their wellbeing is at risk, the child will be removed and placed with the *guardian ad litem*.
- The Registrar General will issue adoptive parent an Adoption Certificate, which can be used to process a birth certificate for the child.
- The PAP keeps the Adoption Order, the Adoption Certificate and should provide copies to the Adoption Society to be filed in the child's and the PAP's case files.

Purpose

The purpose of post-adoption supervision is to ensure that the child is safely and permanently integrated into the adoptive family. It helps to prevent possible abuse or separation.

Guiding notes

Aligned with global social work best practices, a case should only be closed after it is established that the child is successfully integrated into the family; it is critical that the DCS provides monitoring as part of their mandates for child protection.

After the legal process, the DCS in collaboration with the adoption society continues to offer moral and social support to the adoptive parent(s) and the child until it is established the child has integrated and the adoptive family no longer requires case management support.

Post-adoption supervision and closure

Outcomes	The child is safely and permanently living with their adoptive family.
Action	For domestic and foreign adoptions where the adoptive parent(s) reside in Kenya

- The SCCO (or their delegated caseworker) should monitor the child according to SOP 11 of the CM Guidebook (2019), for 18 months (as per the CM Guidebook, 2019).
- Where adoptive parent support-groups are locally available, the SCCO or Adoption Society should link the adoptive family to join.
- Where the child is safe, stable and integrated within the adoptive family at 18 months post-adoption, the case can be closed.
- When closed, the case file should be stored at the SCCO's office.

For inter-country adoptions

- The Adoption Society in the receiving country will supervise the adoption for a minimum of three years.
- The Adoption Society in the receiving country will submit progress reports every three months for the first two years to the Adoption Society in Kenya, and annually thereafter for three years (i.e. progress reports are no longer required after the fifth year).





Kinship Care Placement Form

Instruction: This form is a placement form for a child or young person to live with their relatives. It should be filled with all relevant parties to ensure clarity of expectations and agreement to the placement, following child assessment, family assessment, and case planning. A copy of the form should be kept in the case file, with the children's office, and with the family. Caseworkers should ensure that each child to receive kinship have individual forms filled out.

Instruction to Kinship carer: By signing this placement form, you accept that the child(ren) or young person(s) named below will be living in your home and you will be responsible for their needs as their primary caregiver until the child can be reunified with their biological family or can live independently.

Name of child or young adult:	Gender:	Date of Birth:
Sibling #1:	Gender:	Date of Birth:
Sibling #2.	Gender:	Date of Birth:
Legal status of current care: (Committed) Y/N	Revoked: Y/N	Expired: Y/N
Name of parent or former caregiver giving authority of care to kinship carer (Mother):	Date:	Signature:
Name of parent or former caregiver (Father):	Address of parent(s) or former carer (s):	Signature:
Contact of parent(s) or former carer(s):	County:	Sub-County:
Name of Kinship (Father) receiving the Child: ID NO.	Kinship caregiver's Date of birth:	Signature:
Name of the Kinship (Mother) receiving the child: ID NO.	Date:	Signature:
Contact:	County:	Sub-County: Village:
If the child is leaving CCI, please give CCI's name:	Contact person:	Signature:

Location:

Reasons for placing child/ren under kinship: Tick one or more of the following circumstances (check at least one):

- A parent being unable to provide care due to the death of the other parent.
- A serious illness or terminal illness of a parent.
- The physical or mental condition of the parent or the child such that proper care and supervision of the child cannot be provided by the parent.
- The incarceration of a parent.
- The loss or uninhabitability of the child's home as the result of a natural disaster.
- Unable to locate a parent(s) currently to notify them of my intended placement because, (list reasons):

Other reasons:		
Name of child or young adult:	Signature/Thumb print:	Date:
Kinship caregiver's name:	Signature/Thumb print:	Date:
Witness's name:	Signature/Thumb print:	Date:
Caseworker's name:	Signature/Thumb print:	Date:
Chief's name:	Signature/Thumb print:	Date:
Sub-County Children's Officer's name:	Signature:	Date:



Kafaalah Placement Form

Instruction: This form is the step six of the case management process, and it is considered as a placement form when the child or young person is leaving care. This means that it cannot be used independently.

Instructions to Kafiil caregiver: You commit to receive and care for this child(ren) or young person(s) until the child or young person(s) can live independently, or other care arrangement has been agreed upon.

Instructions to caseworker or case manager: You commit to Support the Kafiil and the child (ren) or young person(s) in the process of reintegration until the child or young person can be re-united to their biological parent (s)or can live independently.

Name of Child or Young person:	Gender:	Date of birth:
Other children #1:	Gender:	Date of Birth:
#2.	Gender:	Date:
Place (where the process is conducted):	Authorizing person Name & signature:	
Legal Status of current care (if applicable):	Revoked:	Expired:
Placement Date:	Review Date:	
Reason why Kafaalah is the most appropriate care alternative.	Please be specific about, resources or assistance to be offered to the child/child.	Responsible Person

Reasons for placing child(ren)/Young adult under Kafaalah: Tick one or more of the following circumstances.

- A parent being unable to provide care due to the death of the other parent.
- A serious illness or terminal illness of a parent.
- The physical or mental condition of the parent or the child such that proper care and supervision of the child cannot be provided by the parent.
- The incarceration of a parent
- The loss or uninhabitability of the child's home as the result of a natural disaster.
- Unable to locate a parent(s) at this time to notify them of the intended reintegration because (list reasons):
- Other reasons:

Child's/young adult's name:	Signature/Thumbprint:	Date:
Kafiil's name	Signature/Thumbprint:	Date:
Imam's name:	Signature/Thumbprint:	Date:
Caseworker's name:	Signature:	Date:
Chief's name:	Signature:	Date:
Children officer's	Signature:	Date:



Guardianship Placement Form C (Child Placement Form)

Instruction: This form is a placement form for a child or young person to live with their relatives. It should be filled with all relevant parties to ensure clarity of expectations and agreement to the placement, following child assessment, family assessment, and case planning. A copy of the form should be kept in the case file, with the children's office, and with the family. Caseworker should ensure that each child to be placed under Guardianship have individual forms filled out.

Instruction to Guardian carer: By signing this placement form, you accept that the child(ren) or young person(s) named below will be living in your home and you will be responsible for their needs as their primary caregiver until the they can be reunified with their biological family or can live independently.

primary caregiver until the they can be reunified with	n their biological family	or can live independently.
Name of child or young person:	Gender:	Date of Birth:
Sibling #1:	Gender:	Date of Birth:
Sibling #2.	Gender:	Date of Birth:
Legal status of current care: (Committed) Y/N	Revoked: Y/N	Expired: Y/N
Name of parent / former caregiver giving authority of care to Guardianship (Mother):	Date:	Signature:
Name of parent or former caregiver (Father):	Address of parent(s) or former carer(s):	Signature:
Contact of parent(s) or former carer(s):	County:	Sub-County:
Name of Guardian (Father) receiving the Child: ID NO.	Guardian caregiver's Date of birth:	Signature:
Name of the Guardianship (Mother) receiving the child: ID NO.	Date:	Signature:
Contact:	County:	Sub-County: Village:
If the child is leaving CCI, please give CCI's name: Location:	Contact person:	Signature:
Type of Guardianship: a) guardianship with custody	Without	Joint
Placement Status:	With property	Without property
Property inventory: 1.	Approximate value)	and location
2.		
3.		
4.		
5.		

Reasons for placing child/ren under guardic at least one):	anship: Tick one or more of th	e following circumstances (check
A parent being unable to provide care due	to the death of the other pare	ent.
A serious illness or terminal illness of a par	ent.	
• The physical or mental condition of the pa	rent or the child such that pro	per care and supervision of the
child cannot be provided by the parent.		
The incarceration of a parent		
• The loss or uninhabitability of the child's h	ome as the result of a natural	disaster.
Unable to locate a parent(s) currently to no	tify them of my intended plac	ement because, (list reasons):
• Other reasons:		
Name of child or young adult:	Signature/Thumb print:	Date:
Kinship caregiver's name:	Signature/Thumb print:	Date:
Witness's name:	Signature/Thumb print:	Date:
Caseworker's name:	Signature/Thumb print:	Date:
Chief's name:	Signature/Thumb print:	Date:
Sub-County Children's Officer's name:	Signature:	Date:



Alternative Care Asset Inventory

Instructions: This form will be filled during assessment of family if it is established that, the biological parents of the child (ren) or young person(s) have properties either in form of asset, land, or money, or any other investments. This form will be administered by the area chief, ACC (on behalf of DCS), and family members. Child's /Young person's Name: Parent's Name/s Mother: Status: Alive Deceased (tick appropriately) D.O.B: Father: Status: Alive | Deceased | (tick appropriately) Sex:.... Pleas attach a copy Identity card of parent(s) or Death Certificate No. Current caregiver/administrator (under who the property is) Name/s Male: Female: Status: Married / Single (tick appropriately) Instructions: Caseworker should ensure that the person with authority in the case has administered this form and signed together with the family members (both biological parents, if alive), and the new alternative caregiver, e.g. guardian, Kafiil). No. Asset **Particulars** Remarks I/We confirm that the information entered is true and accurate. Additional information must be brought to the Chief's attention for purposes of updating the inventory. Signed by (authorized officer): Witnessed by (authorized person): ID No: ID No:.... Date..... Date:



Foster Care Placement Form (RULES FORM OF UNDERTAKING)

То	be completed in triplicate
I/V	Ve (names of foster parents) who received (names of child)
	into my/our home on (date),
pla	aced by (name of children's officer) undertake
tha	at:-
1.	I/we will care for (name of child) as though he/she were my/our own child.
2.	I/we will bring him or her up in accordance with the (specify religious persuasion, if applicable
3.	3. I/we will look after his or her health and allow him or her to be medically examined as required by the children's officer.
4.	I/we will allow a Children's Officer to visit my/our home, and to see the child at any time.
5.	I/we will inform the Children's Officer immediately if the child is seriously ill, or is missing, or is involved in an accident, or is in any kind of trouble.
6.	I/we will inform the Children's Officer immediately if I/we plan to change residence and address.
7.	I/we understand that a Children's Officer has the right to remove the child from my/our home in certain circumstances.
	(Signed, Foster Father)
	(Signed, Foster Mother)
	(Address of Foster Parent)



Supported Independent Living / Supported Child Headed Household Placement Form

Instructions: This form is to be used when placing a child into a Supported Independent Living or Supported Child Headed Household care arrangement. When the child will be placed to live independently, or child headed household. By signing the form below, the Mentor commits to provide care and support to the child or young person as outlined in this form until independence or until another care option has been agreed to by all the relevant parties. The caseworker, Chief and Children's Officer commit to supporting and monitoring the Mentor and child or young person. A copy of this form should be retained on the child's file, with the young person, with the Mentor, and with the Children's Officer.

Name of child or young person:	Gender:	Date of Birth:
Address of where child or Child or young adult's ph.		
Name of Mentor: Phone number:	Mentor's address:	
Describe current care statu	us of child (i.e. who holds current legal guar	dianship of the child):
Describe reasons why alter	rnative care is necessary:	
State why SIL / SCHH is dee	emed the most suitable care option (incl. w	hich other care options considered):
If the child is leaving CCI/S Location:	CI, please give institution's name:	
Contact no.:	Staff name an	d signature:
Support to be offered to the child or young adult:	Responsible person/s:	
Placement Date:	Case Review Date:	
Name of child or young person:	Signature	Date:
Caseworker's name:	Signature:	Date:
Mentor's name:	Signature/Thumb print:	Date:
Chief's name:	Signature: Stamp:	Date:
Children's Officer name:	Signature: Stamp:	Date:



Community volunteer/mentor checklist for SCHH and SIL

Mentor and community volunteer check list for Supported Child-headed Households (SCHH) and Supported Independent Living (SIL) arrangements An ideal mentor can be thought of as taking on a similar role to a supportive older sibling or relative. Ideal mentors would comprise the below characteristics and competencies: Of sound mind. 18 years and above, and older than the child or young person Lives in close proximity to the SCHH / SIL, and has lived in the community for at least two years (i.e., they are known to the community, have knowledge of the community, have social connections to the community, may be aware of community groups i.e. churches and/or mosques, women's groups, savings groups, service oriented groups, etc., may be aware of public services available within the community, i.e. health clinics, educational institutions, Huduma Centre, etc.) Is known to, **trusted** by, and perceived as supportive by the child/ren/young person Expresses a genuine interest in the child/ren/young person's wellbeing Exhibits basic life skills which may be helpful to the child(ren) or young person(s), e.g. cooking, cleaning, household budgeting and saving, participation in cultural, religious, community activities, employment (particularly if employed in the area the young person is interested in pursuing), the process of opening a bank account, to get a national ID, negotiating for basic essentials at the local market, etc. Understands the role of mentor and is willing and available to carry out the expected responsibilities of a mentor, including: - ongoing social, emotional, practical support to the child(ren) or young person(s), regular home visits and phone calls, - coordination with other volunteers, mentors, caseworker, Area Chief or Sub-County Children's Officer - facilitating child(ren)'s or young person's meaningful participation in community activities. Understands they will not benefit financially/materially/via inheritance of property from providing mentorship. Positive character reference from Area Chief and a religious leader or other community leader.



Guardianship Register

Instructions: This form will be filled during registration of guardianship after guardianship order has been issued by the children's court. The DCS will need to collaborate with the children's court to identify who can help to fill the form or provide information on the granted orders. The SCCO being the custodian of all guardianship placements, after receiving granted orders from the children's court, they must enter the information in this form into CPIMS.

The county, sub-county, location refer to the county where the child is currently placed (assumption is that the details of where child is coming from is captured in

	Re- marks								
-	Exit/af- ter care status								
Ì	Dura- tion								
	Date of place- ment								
	Case no/ commiting court								
	No. Of children								
	Name of es- tate's admin- istrator								
	Type of guardian- ship(sin- gle/joint								
-	Custody status (Child, property, or both								
	Nature of guard- ianship order								
-	Physical Residence of guardian								
	Religion of guardian								
	Nationality of Guardian								
`	Marital								
	Sex of guardian								
	Age Contact details of the guardian								
	Age of child								
the child's case file)	Name of child								
the child	Guardian- ship /No								



Register for use in kinship, foster care, Kafaalah, supported independent living, andsupported child-headed households

tructions:	This register fficer as well	r contains c as update	data o	Instructions: This register contains data of children placed in authorized officer as well as update the same into the CPIMS		e, Kafaalah, Fo	ster care, SCHI	4, SIL forms of	Kinship care, Kafaalah, Foster care, SCHH, SIL forms of Alternative Care administered by an	e administerec	l by an
county, s	ub-county, los s coming fror	ocation ref m is captur	er to t	The county, sub-county, location refer to the county where the child is currently placed (assumption is that the details of where child is coming from is captured in the child's case file).	the child is cuile).	irrently placed	(assumption is	that the detai	ls of		
unty:				County:							
cation:				Location:							
ıb-location:				Sub-location:							
llage:				Village:							
Serial Num- ber	Name of child	Date of birth	sex	Type of Alter- native Care	Name of Applicant	Applicant's contact details	Applicant's ID No.	Reason for Placement	Date of Placement	Duration of placement	Remarks/com- ments



- 1 United Nations, Convention on the Rights of the Child, 1989, retrieved from https://www.ohchr.org/en/professionalinterest/pages/crc.aspx.
- African Union, The African Charter on the Rights and Welfare of the Child, 1990, retrieved from < https://www.unicef.org/esaro/African_Charter_articles_in_full.pdf>.
- 3 United Nations, Convention on the Rights *of the Child, 1989, retrieved from* https://www.ohchr.org/en/professionalinterest/pages/crc.aspx.
- 4 Better Care Network and UNICEF (2015). Making Decisions for the Better Care of Children. Retrieved from < https://www.unicef.org/protection/files/UNICEF Gatekeeping V11 WEB (003).pdf>.
- 5 UN Committee on the Rights of the Child (CRC), General comment No. 12 (2009) The right of the child to be heard, 20 July 2009, CRCCGC12, retrieved from https://www.refworld.orgdocid4ae562c52.html.
- 6 Ibid.
- 7 Guidelines for the Alternative Family Care of Children in Kenya (2014).
- 8 ibid
- 9 GOK (2014): Guidelines for the Alternative Family Care for Children in Kenya
- 10 Though family ties are not severed
- 11 The Holy Qur'an encourages Muslims to assign portions of their wealth to orphans, poor and others though unrelated to them by blood. Chap 4 v 8, states that: "But if at the time of division other relatives, or orphans, or poor, are present, feed them out of the (estate), and speak to them words of kindness and justice."
- 12 The Book of Bukhar 51:7: The power of testator is limited in two ways, firstly he can't bequest more than a third (1/3) of his net estate. Secondly, he cannot make a Will in favour of a legal heir.
 - 13 Kadhi Ishaq (2019): Unpublished write up by on Kafaalah Procedure and Practice Guidelines
- An obligatory will (wasiyah wajibah) is a form of wealth transition by inheritance from the deceased to an heir who was not otherwise entitled to obtain it. It is done by a judge without the approval of the deceased nor legal heirs.

- 15 Kadhi Ishaq (2019): Unpublished write up on Kafaalah Procedure and Practice Guidelines and Hon. Abdulhalim H. Athman (2019): unpublished write up on Islamic Alternative Child Care System
- 16 Children's Act (2001).
- 17 Children Foster Care Regulations (2020)
- 18 Children Foster Care Regulations (2020)
- 19 Children's Bill (2020), 173(b)
- 20 Guidelines for Alternative Family Care for Children in Kenya (2014)
- 21 As per the Foster Care Regulations, 2021.
- 22 Ibid.
- 23 Ibid.
- 24 Kenyan Society of Care Leavers (2018). How to Engage Care Leavers in Care Reform.
- 25 I.e. meet the reintegration benchmarks contained within the Case Management for Reintegration to Family and Community-based Care SOPs
- The Constitution of Kenya this includes children who are below eight years of age, whose identity is unknown, and who is residing in Kenya.
- 27 Where the child has a disability or other impairment which restricts or limits their ability to provide written consent, the child will be given an intermediary to facilitate his or her written consent.
- 28 In extenuating circumstances, the order can be appealed via the Court of Appeal, or varied via the Court which issued the order.
- The UNCRC introduces for the first time in an international human rights treaty, the concept of the 'evolving capacities' of the child. It is a new principle of interpretation in international law, recognising that, as children acquire enhanced competencies, there is a diminishing need for protection and a greater capacity to make their own decisions. The UNCRC recognizes that children in different environments and cultures, and faced with diverse life experiences, will acquire competencies at different ages. See:https://www.semanticscholar.org/paper/The-Evolving-Capacities-of-the-Child-Lansdown/0 828e2eadaf3adf64e99b4f07ce324a720f7d81e

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